Survey and Analysis of the Health Need and Disparities of the Immigrant Population

Bureau of Health Care Access, Iowa Department of Public Health
Iowa/Nebraska Primary Care Association

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This third study of the health needs and health disparities of the Iowa immigrant population is again the result of a collaborative effort. Without the contributions of the Iowa Department of Public Health, Bureau of Health Care Access, State Public Policy Group, Inc., the University of Northern Iowa Global Health Corps, and Proteus this study could not have been completed.

Once again, the driving force behind this project is the Primary Care Office, Bureau of Health Care Access within the Iowa Department of Public Health. Much appreciation is extended to the Primary Care Office for its leadership and financial commitment to the study.

The same organizations that were involved in the first two studies were also involved in this third and final study and in issuing this final report. Among those providing contributions were:

- Carl Kulczyk
- Dr. Michele Yehieli
- Jim Addy
- Joseph Ogah
- Terry Meek

Executive Summary

The face of Iowa is changing. Minorities are moving into Iowa from other states and other countries. According to 2000 Census data, the minority population in Iowa has dramatically increased over the last ten years. These "New Iowans" bring cultures, which enrich the state, however many immigrants have issues and needs that are not being met. The purpose of this study is to gather information on the unmet needs and health disparities of the new immigrant population.

The Iowa Department of Public Health's Primary Care Office is aware of these issues and concerns. They are also aware they do not have the detailed information needed to make strategic decisions about how to service this population. This study is an effort to provide such information.

This report is the culmination of a series of studies conducted by the Iowa/Nebraska Primary Care Association (IA/NEPCA) on behalf of the Iowa Department of Public Health, Bureau of Health Care Access. It is the third annual installment of findings on immigrant health needs and disparities in Iowa; the first was released in June 2001 and surveyed the communities of Perry, Louisa County, Ottumwa, and Sioux City. The second and third studies collect data from ten additional communities thereby adding cases and geographic diversity to the first sample to bolster the reliability of the study's conclusions. The second study added the cities of Council Bluffs, Denison, Hampton, Lenox and Storm Lake to the sample. The third study added the cities of Belmond, Clarion, Eagle Grove, Hawarden, and West Liberty. (Unless otherwise explicitly noted, the findings presented are drawn from the combined dataset comprised of the three samples.)

Immigrants are confronted with barriers to health care services.

- Transportation is the barrier reported most often by respondents (49.1%).
  - This barrier is more of a problem for women than men and for Latinos more than Asian Pacific Islander Americans (APIAs). Among Latinos, 52.9% of women have experienced this barrier compared to 43.6% of men.
- Cost and providers not speaking the same language are the next two most often reported barriers by respondents of the studies.
  - Cost is not a barrier to 69.6% of the respondents who have insurance coverage. For those who think cost is a barrier, 64.5% do not have insurance.
  - APIA respondents have insurance coverage at a rate of 93.3%. Less than half (47.9%) of Latinos have insurance.

  - In the year prior to being interviewed, 26.2% of the respondents did not see a doctor when they needed to because of cost.
- While only over one-quarter (28%) of respondents perceive that their provider does not accept or understand their cultural beliefs and practices, this opinion is by far the best indicator as to how respondents will perceive other health care barriers. Of those who hold this position:
  - 59.5% believe health care costs too much;
  - 73.7% don't trust or like doctors;
  - 71.6% don't know where to go for help;
  - 72.3% have no transportation; and
  - 71.1% believe office hours are inconvenient.

Preventive health care practices are lacking among immigrants.

- The percentage of immigrants who had **never** had a routine check-up with a primary care physician, eye doctor, or dentist for the combined sample is noteworthy:
  - 15.6% - primary care physician
  - 25% - dentist
  - 53.1% - eye doctor
- The percentage of respondents who reported never having or did not recall having a cholesterol screening was 67.1%.
  - Of those who had been screened, 21.8% reported they had been told they had high cholesterol.

Immigrants' knowledge of the health care delivery system varies widely.

- There is a vast range in whether respondents knew where to go for help with medical problems by community. The ratio of those who do not know where to go ranges from as high as around 80% in Denison and Hampton to around 11% in the communities of Eagle Grove and West Liberty.
- Only 37.3% of respondents from the combined sample have a particular medical doctor they usually visit.
  - Latino male respondents only visit a regular medical doctor at a rate of 23.2%.

Female immigrants have their own gender specific health care needs.

- A large number of female respondents reported having been pregnant in the last five years (55.2%).
  - Nearly two-thirds of these women, or 37.1% of all female respondents, who reported being pregnant in the last five years were in prime child bearing years - 18 to 30 years of age.

- The incidence of female immigrants receiving clinical breast exams and mammogram testing increases with age, like the overall Iowa population, but every female is not participating.
    - Only 63.4% of women under the age of 50 have had a clinical breast exam. Women over 50 years of age have had an exam at a rate of 82%.
    - The proportion of female respondents who have had a mammogram doubles between the age categories of 30 to 39 years old and 40 to 49 years old; 40 is the age at which mammograms are recommended.

Like the overall Iowa population, immigrants in general engage in risk behaviors; however, longer-term immigrants are more likely to engage in some healthy behaviors.

- Three times the proportion of APIAs smoke than do Latinos, 25% compared to 8.3%.
- There is no statistical difference between the drinking habits of APIAs and Latinos in how often and how much they drink in the combined sample.
    - However, not all respondents were forthcoming with this kind of personal information; one-third (35.3%) of the respondents admitted they drank occasionally, but declined to quantify the volume they consumed.
- Acculturation is occurring among immigrants when it comes to exercise. Findings for the combined sample are such that those who have been in the U.S. six to fifteen years exercise at a proportionally higher rate than more recent immigrants to the country, 48.6% compared to 42.2%.
    - The proportion of immigrants who exercise only drops fractionally (two-tenths of a percent) for those who have been in the U.S. over fifteen years.

Immigrants' perception of their general health is generally good, especially in communities where there are Community Health Centers (CHCs).

- The percentage of respondents from the combined sample who reported their health as being excellent, very good, or good was 70.7%.
    - This has been relatively consistent over the three years, ranging from 70% to 72%.
    - Latinos rated their health as more favorable compared with APIAs. Seventy-three percent of Latinos from the combined study rated their health as being in one of the top three categories – excellent, very good, or good – compared to 57.2% of the APIA respondents.
- Nearly 42% of the respondents from communities with Community Health Centers (CHCs) rated their health in the top two categories – excellent and very good - compared to only 29% of respondents in communities without CHCs.

Introduction to the Research Problem

Immigrant populations often have unique health care needs and they often have difficulty integrating into the existing health care system. A recent study conducted by the Child and Family Policy Center, which is based in Des Moines, Iowa, reported that African American and Latino populations are behind national averages in several areas associated with children's health and safety. This contrasts with what is usually noted about children living in Iowa: generally, children in Iowa rank above the national average in the areas of health and safety. For example, the Child and Family Policy study found that the infant mortality rate in Iowa for whites is 5.3%, which is lower than the national white infant mortality rate of 5.8%. Infant mortality rates for African-Americans and Hispanics in Iowa is higher than the national average for those groups: African-Americans in Iowa have an infant mortality rate of 19.9%, compared with the national average of 14.6%, and Hispanics in Iowa have an infant mortality rate of 8.1% compared with the national average of 5.8%. According to the study, African-Americans and Hispanics in Iowa also rank higher than the national average in births to 15-to-17-year-olds, while whites in Iowa are below the national average in this category.

Why are the health care needs of immigrant populations a concern in Iowa? According to the United States 2000 Census, during the last decade, the number of Latinos living in Iowa doubled. The percentage of Latinos living in the state grew from 1.2 percent to 2.8 percent, making the group the largest racial or ethnic minority group in Iowa.[1] This is not an uncommon trend. Iowa is not alone; 14 other states shared this similar type of demographic growth. Perhaps some of the characteristics present in Iowa's immigrant populations are shared by these states.

Based on these facts, the importance of these new populations for Iowa can be seen: these segments of Iowa's population are increasing (growing) while the overall population growth is stagnating. The Latino population is not the only racial or ethnic majority group in Iowa that is growing. According to 2000 Census data, Asian and Pacific Islander Americans (APIAs) make up 1.3% of Iowa's population. This is an increase from the 1990 Census data which reported APIAs as being 0.9% of the state's population. As the race and ethnicity of people living in Iowa continues to change there are several key areas that must be addressed. One of these areas is the health care system.

This study is an effort to illustrate the current health status of immigrants in a fourteen-community area: the original four communities in the first *Analysis of the Health Needs and Disparities of the Immigrant Population* study (Perry, Louisa County, Ottumwa, and Sioux City);

[1] The Des Moines Register, Tuesday, February 5, 2002.

the five communities in this second round of interviews (Council Bluffs, Denison, Hampton, Lenox, and Storm Lake); and five more communities from the third round of interviews (Belmond, Clarion, Eagle Grove, Hawarden, and West Liberty). The primary purpose of the third and final study is to update the findings with additional cases and see whether the conclusions of the two earlier studies still hold. (This is the concept of adding additional cases to ensure reliability and validity, which will be discussed in the Methodological Overview section that follows). In other words, this final study is confirmatory research (confirms the findings of previous research) rather than exploratory as the first two studies were; hence, the design and many of the findings of this third study remain in essence the same as the previous two studies. Additionally, the format of the report will remain consistent too. Upon identifying the current health status of respondents, this study will offer possible first steps of action toward ensuring all Iowans have access to the health care they need and deserve.

Methodological Overview

The analyses conducted in this report will focus on the entire sample, which is constructed from the interviews conducted in 2001, 2002, and 2003. There is value in looking at the findings from each sample, as they represent different points in time, geographic areas, and respondents, so at times the analysis will highlight these differences between samples. However, the primary emphasis will be on the aggregate, so when the term sample is used it refers to the entire sample, unless otherwise explicitly stated.

Unfortunately, certainty in regards to reliability and generalizability elude surveys that use convenience samples. Convenience samples, which were used in the three immigrant population surveys (a.k.a. samples), are non-probability samples. While a non-probability sampling does not allow statistical inference from the sample to the population, under certain circumstances it is an accepted technique, and under other circumstances it is the only option available.

Immigrants are clearly a special population, and research on special populations often have no option but to use non-probability sampling because of the characteristics of the population being studied[2]. No complete sampling frame of immigrants exists. Some immigrants may be in the U.S. illegally so there is no record of their presence. Others are transitory so records usually lag and are not updated until after the individual has left the area. Research in this area has also shown that immigrants find being on lists distasteful so they avoid having their personal

[2] Henry, Gary T. 1990. Practical Sampling. Newbury Park, CA.: Sage Publications.

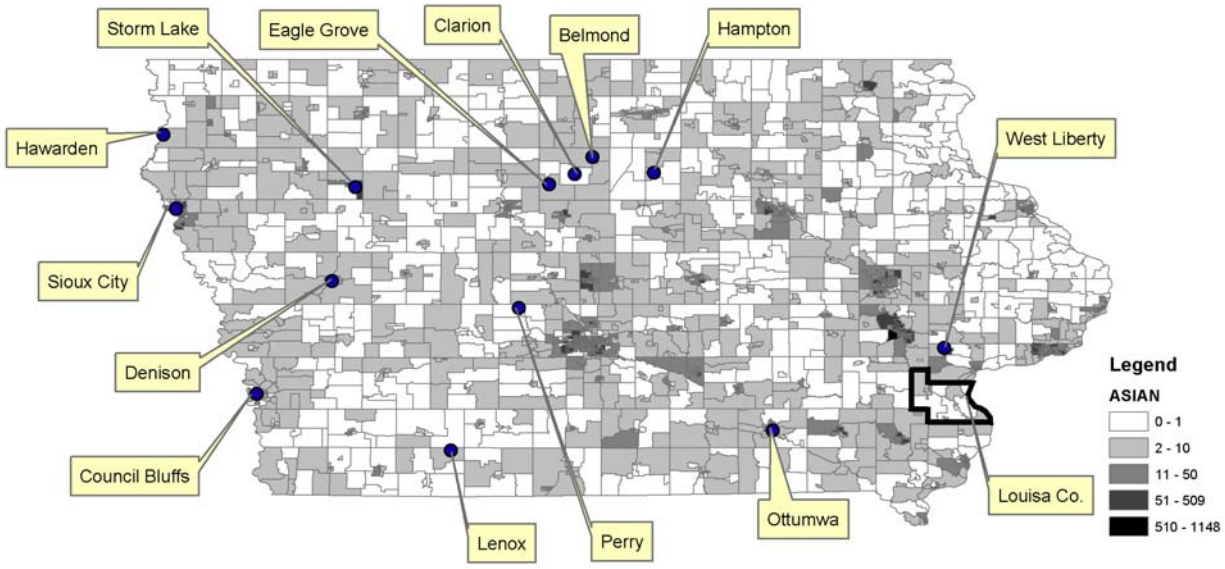
information captured for record keeping. Some immigrants come from regimes where lists are used to systematically target populations for less than humanitarian reasons[3].

Increasing the number and diversity of cases to be analyzed by combining the three samples into one data set for analysis increases the reliability and the generalizability of the immigrant study findings. This was the intent from the onset of the project, as all three years of survey instruments were identical. Increasing the number of cases makes it more likely that if the same group is surveyed again (immigrant populations in the fourteen communities) the results will be repeated: reliability. Increasing the geographic diversity by sampling more known concentrations of immigrant populations from around the state is a more representative cross-section of Iowa. The researchers carefully selected the cities so it can be assumed that the additional sites increase the generalizability of the sample, thereby making it easier to discuss immigrant populations across Iowa. Maps 1 and 2 have been provided so that one can compare where the concentrations of these ethnic populations are and the sites surveyed.

Map 1. Population Density of Latinos in Iowa by 2000 Census Block Groups

[3] During pretesting of the *Latino Snapshot* study, State Public Policy Group (SPPG) found that a substantial number of potential respondents were disturbed when they were told their name came from a list. Many of their comments related back to the use of lists by regimes in the countries from which they emigrated.

Map 2. Population Density of APIAs in Iowa by 2000 Census Block Groups



Additionally, for practical considerations, such as time and money, exploratory research may be accomplished using non-probability samples. A pilot study of cases thought to display the phenomenon under investigation could be selected[4]. This is the intent of this project. The researchers selected communities to survey after consultation with academics, government officials, and groups that are regularly in contact with immigrant populations in Iowa.

Research of special populations using convenience samples has value in that it can provide illuminating information about those studied despite the fact that the results of these studies cannot be inferred, using the statistical definition of the word, to the populations because error between the sample and population cannot be calculated. While statistical inference cannot be made from the findings, the researchers did make adjustments to their research design to promote reliability and generalizability from the findings to the greatest extent possible. So at a minimum, the information provided is a clear improvement over basing policy on second-hand anecdotes.

[4] Henry, Gary T. 1990. Practical Sampling. Newbury Park, CA.: Sage Publications.

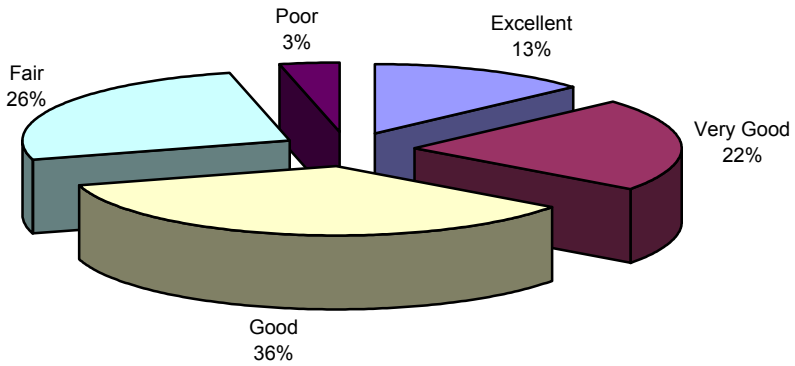
Immigrants' Health Status

Before a course of action can be developed, it is necessary to have baseline data; if one does not know the starting point, then how would one know whether the situation is improving or deteriorating? As such, understanding immigrant populations' health status is the first step in determining the needs of these unique populations. To capture the complex concept of health status, this analysis will investigate commonly accepted indicators of health status. More specifically, the analysis will look at whether immigrants practice preventive care, which includes exercise, as well as whether they engage in risk behaviors, such as smoking and drinking.

How healthy are immigrants in the study? The objective answer to this can be found in respondents' medical records. Unfortunately, researchers did not have access to medical records, and even if they had, many immigrants do not have them. That left two approaches to take with the respondents in order to address the question: 1) ask their self-perception or 2) ask them to recall previous medical episodes that would be part of their records. Both approaches have limitations: people generally have a positive self perception, especially when it is a socially desirable trait they are being asked to report on and recollections of past events sometimes contain factual errors. Granted, these are not the optimal measures, but they do add valuable insights, and practically speaking, these are the best existing measures.

Overall, respondents have a favorable opinion of their own health. A clear majority, 70.7%, of the respondents from the combined sample reported their health as being excellent, very good, or good. This perception has barely varied throughout the life of this study: in the first sample (2001) 70% of respondents shared the same view and in the second sample (2002) 72% held this view.

Exhibit 1. Would You Say Your General Health Is...?



Before making the last point about general health, it is necessary to keep in mind some important demographic information about the combined sample. All of the immigrants interviewed in the second and third sample were Latino; hence when reference is made to either the second or third sample keep in mind these sample are entirely Latino respondents, which is different than the first sample that includes both APIAs and Latinos. That said, it should be noted that more Latinos rated their health as favorable compared to APIAs[5]. For the entire sample, 73% of Latinos rated their health as being in one of the top three categories – excellent, very good, or good – compared to 57.2% of the APIA respondents.

As a sidebar, it does make sense that Latinos would have a better self-perception of their general health. They are younger. The average age of Latino respondents is 31.5 years old and the average age of the APIA respondents is 38 years old[6]. This is something to keep in mind when directing resources. Generally, different age groups require specific kinds of treatments compared with others.

One comparison explored throughout this report and the first *Analysis of the Health Needs and Disparities of the Immigrant Population* study is whether respondents that live in communities that have Community Health Centers (CHCs) fare differently than those who live in communities that do not have a Community Health Center. Of the fourteen communities in the study, three had a CHC: Ottumwa, Council Bluffs and Sioux City.

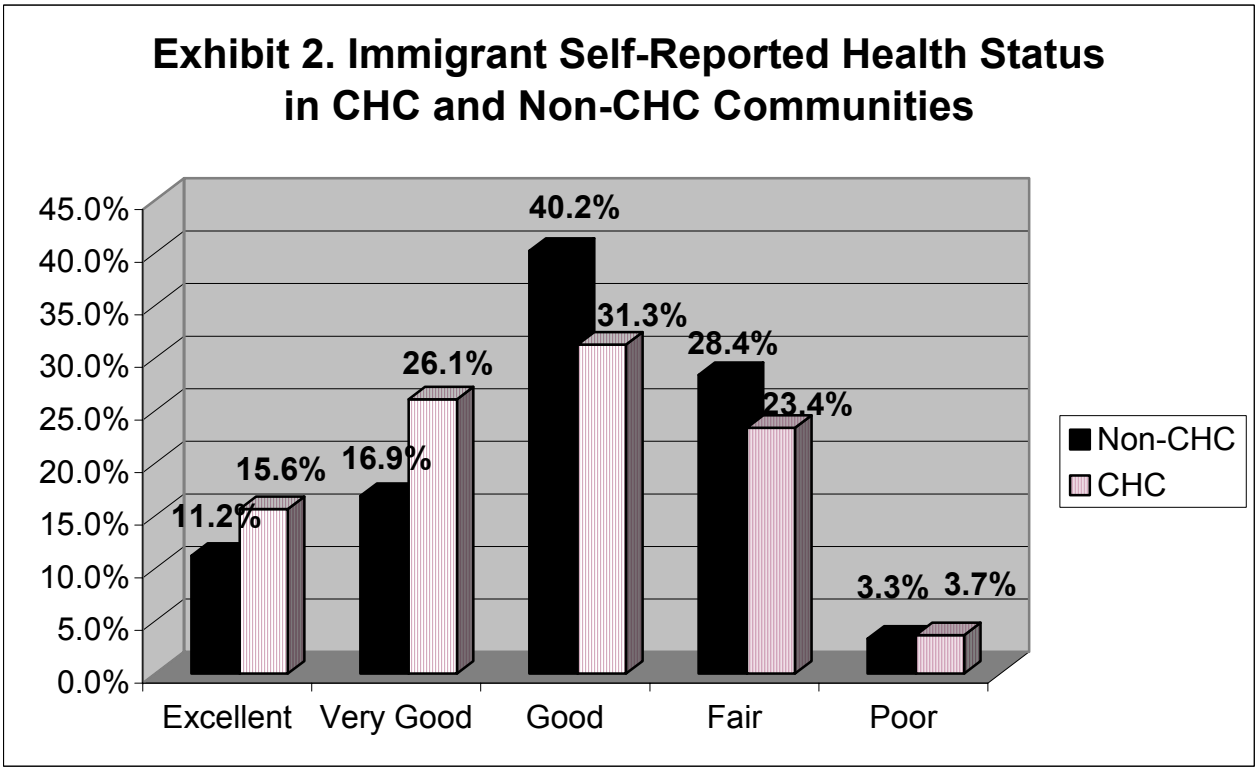
A CHC is a community-based and governed, not-for-profit, primary health care center that provides comprehensive health care services, including health education, case management, oral and mental health services, preventive health, and other enabling services. Typically, a CHC provides clinical services directed by a physician, often with the support of a nurse practitioner, physician assistant, and/or other clinical professionals. A CHC also provides care to people who are uninsured and who require an interpreter. A significant portion of funding for CHCs comes from the federal government through the Department of Health and Human Services, Bureau of Primary Health Care.

Immigrants who live in communities with CHCs can easily access them for care. So it is not surprising these respondents believe their health is generally better. Exhibit 2 quantifies the difference by showing 41.7% of respondents from communities with CHCs rated their health in

[5] Technically the comparison is between self-identifying Latinos and those who said they were not Latino. The interviews were only conducted with Latino and APIA immigrants so the researchers make this semantic substitution.

[6] This difference in average age may not seem like much but the difference is considerable and statistically significant. A more revealing statistic might be one that measures the skew in the distribution of the age curve, however this is less meaningful to the general population so it has been omitted.

the top two categories – excellent and very good - compared to 28% of respondents in communities without CHCs.



Medical History

The other approach to establishing the health status of immigrants was to ask them to recall their own medical history. The questionnaires inquired about having needed or received treatment for high cholesterol, high blood pressure (hypertension), diabetes, joint pain/arthritis, and asthma. Answers to these questions provide a composite profile to add to respondents' self perceptions about their own health status, thereby making the answer to the question, how healthy are immigrants, as complete as possible, especially given the methodological constraints of observing this population.

Only 6.4% of the entire sample of respondents had high cholesterol, which does not seem excessively high. However, what might be more interesting is that 21.8% of the immigrants who remember being screened at one point in their life say they remember being told they had high cholesterol. In other words, while the rate overall is relatively low, perhaps it is because 70.4% of the respondents have not been screened, or more precisely, do not recall being screened. There is no statistical difference between Latino and APIA respondents' reporting of high cholesterol rates.

Similarly, the respondents reporting high blood pressure was low: 10.6% reported being told by a health care professional they had high blood pressure. Unfortunately, there is no question asking the respondent specifically whether they have ever been screened for high blood pressure. So the same implications about the need for testing cannot be drawn for this indication of health status.

The overall percentage of respondents reporting either diabetes or asthma was relatively low for the combined sample: 4.3% and 3.1%, respectively[7]. These percentages are a small number of respondents from a convenience sample. Performing cross tabulations of different subpopulations with these groups would be ill advised because of the small number of respondents, which is exacerbated by the type of sample - convenience.

The findings in regard to joint pain are an example of why it is necessary to collect as many interviews as possible when using a convenience sample. It was hypothesized that Latino immigrants might experience joint pain and or arthritis at a proportionately higher rate than APIAs because by all accounts they more often work in meat processing facilities. Such a finding might have ramifications for service delivery planning.

However, the results of the first survey were contrary to the hypothesis. In the first sample a greater proportion of APIAs experienced joint pain than Latinos: 39.4% compared to 14.8%. If one recalls a point made earlier – the average age for APIA respondents is considerably older than Latino respondents – then it seems plausible that more APIAs experience this condition than Latinos.

The second sample added three communities with meat processing facilities - Council Bluffs, Denison, and Storm Lake - raising the total to five communities for the combined sample. Adding these communities to the others and analyzing the combined data resulted in findings that conform to the original hypothesis: Latino immigrants were experiencing joint pain/arthritis at a proportionately higher rate than APIAs and at a younger age, which corresponds with the majority of the workers in meat processing facilities.

Once the third sample was combined with the previous two, the relationship was no longer present. This caused a refinement to the hypothesis: More immigrants that lived in meat-processing towns (cattle and poultry) experienced persistent joint pain (and possibly arthritis)[8]. Comparing all meat processing communities to all the communities that did not have meat

[7] Females with gestational diabetes are not included in this figure.

[8] There is no way to determine whether those who have persistent joint pain, in fact have arthritis, as the data is self-reported. However, the point is worth making that persistent joint pain would be the vernacular description of arthritis.

packing operations showed no statistical significant difference between the two in amount of respondents who had persistent joint pain[9].

Being well aware of anecdotes about immigrants in meat processing jobs and the limitations of the data collected, the data was thoroughly examined to see whether there was any empirical evidence for what is commonly accepted by those knowledgeable about immigrants in Iowa's meat processing industry. Looking at the prevalence of joint pain by city yielded empirical data that supports the commonly held position that more immigrants who work in meat and poultry processing jobs experience arthritis. Four cities stood out as having statistically significant differences when it came to the occurrence of persistent joint pain: Council Bluffs, Denison, Hampton, and Sioux City. This is a factor that deserves attention when a plan to administer health care services for immigrants is being considered.

The presence of a meat and poultry processing facility in a community (or within commuting distance of a community, as is the case with Sioux City) may give cause for special planning considerations in the delivery of services for new Iowans; however, it will only effect some new Iowans: males. The jobs in these facilities are almost exclusively male.

Female immigrants have their own concerns. A surprisingly large number of females reported having been pregnant in the last five years (55.2%). The more cases that have been added to the sample the greater the proportion of younger women who have been pregnant in the last five years. While the largest proportion of pregnancies reported was by women ages 25 to 34 (65.3%), a high proportion of young women ages 18 to 25 had also been pregnant, 63.9%. Due to the high rate of pregnancies in the second and third sample, especially among younger women, it is critical to determine when these women are obtaining care during their pregnancies. The women who reported having their first prenatal care visit before reaching the third month of their pregnancy was high, 66.7%. Only 7.2% of the respondents reported not undergoing a prenatal care visit with a health care professional during their pregnancy.

Preventive Care

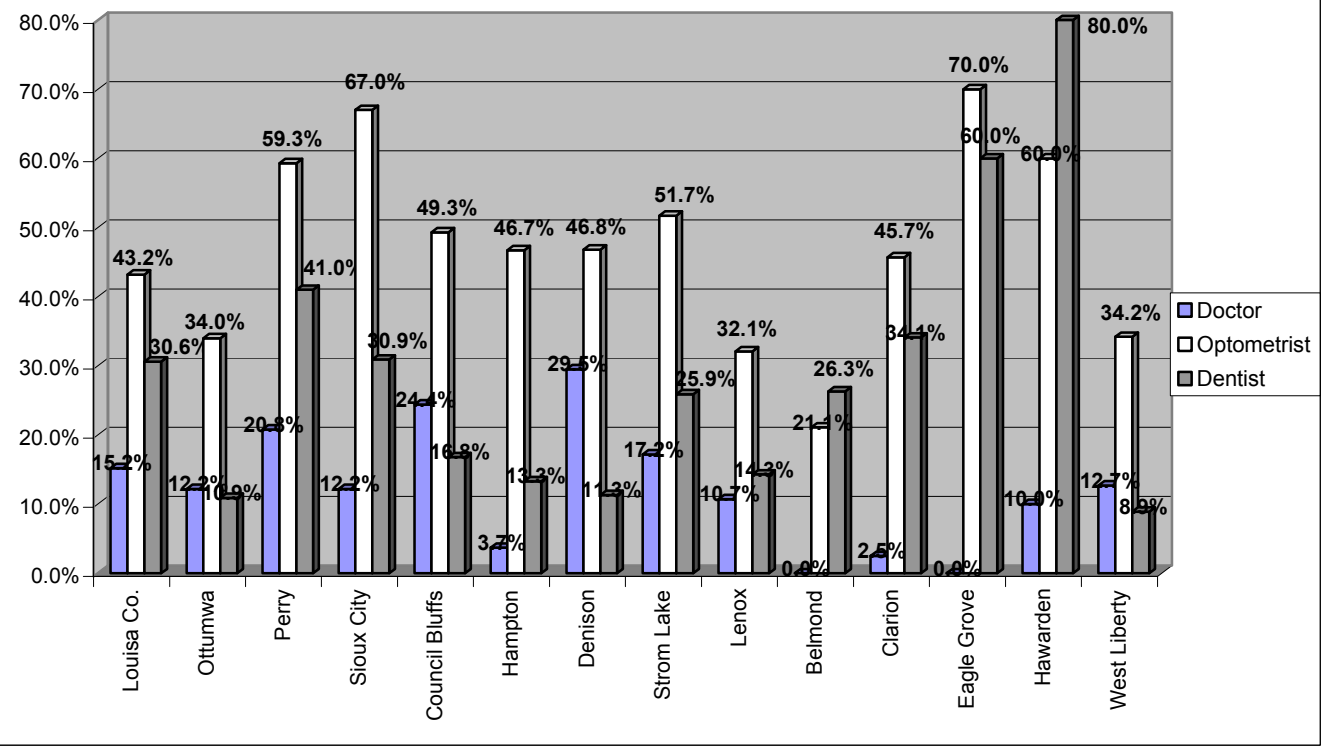
The number of immigrant respondents that have not received routine care is high: 15.6% have never seen a primary care physician, 53.1% have never seen an eye doctor, and 25% have never seen a dentist. Forgoing routine preventive care now will undoubtedly result in many of these new Iowans having to undergo more costly procedures once they do seek treatment for an ailment. The impact of forgoing care is amplified because the chances of positive outcomes

[9] Optimally, the hypothesis would have been framed as, do immigrants that work in meat processing jobs experience persistent joint pain (and possible arthritis) more than immigrants that do not. Unfortunately, the survey questions on employment were not that specific.

diminish the longer an ailment goes untreated. These actions of new Iowans affect all Iowans, from the ability to access services (providers cannot afford to write off too much free care), to the price of health insurance (which subsidizes pro bono care). This is of particular concern because when respondents are unable to pay for health care services as they need them, they will continue to accrue bills, which will be a stress to them in the future.

The differences between the samples are as much about geographic differences as ethnic differences. Overall, there are differences based on ethnicity, but there are also differences based on community. Geographically, there are no apparent relationships that explain these differences. It is not that only small communities need specialized care, as respondents from Sioux City, the largest community in the study, has the second highest ratio of respondents that have never seen an eye doctor (63%). Likewise, there is no statistically significant difference between all the communities with CHCs and all those that do not have a CHC when it comes to the three types of care: primary, dental, and optometric. However, there are vast differences between the individual communities. For that reason Exhibit 3 has been provided.

Exhibit 3. Repondents Who Have Never Had a Routine Check-up With Providers by Community



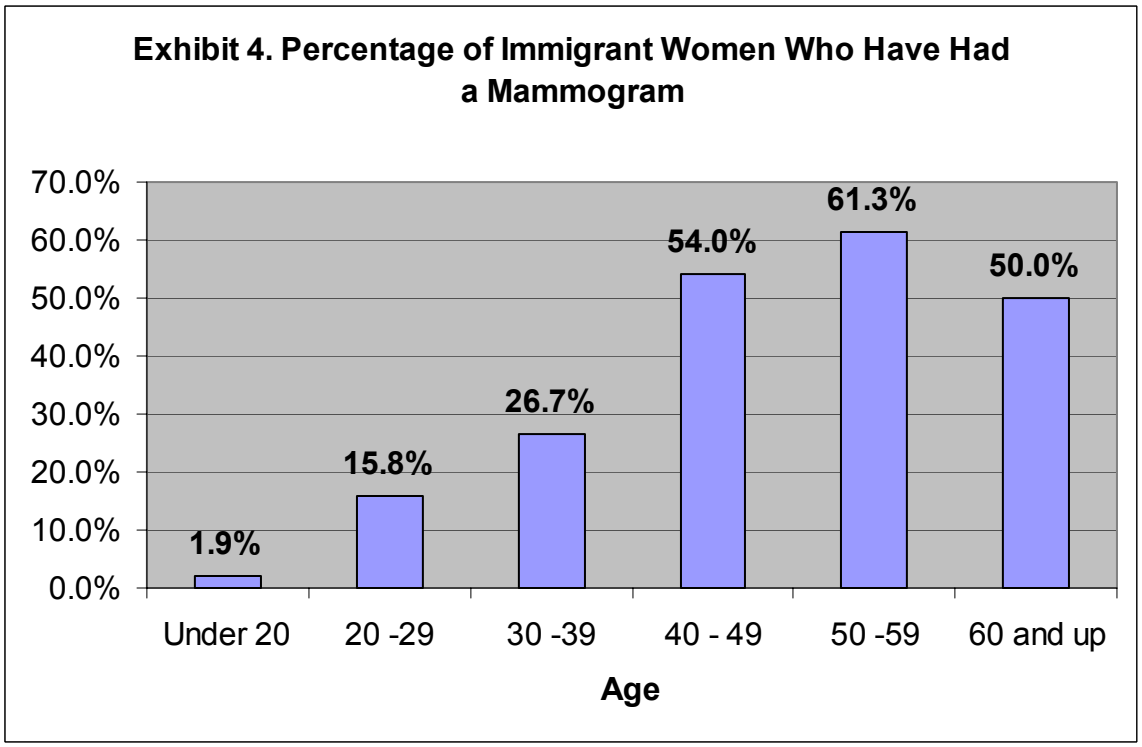
When exploring those who do not receive medical care by ethnicity, it is clear a larger proportion of APIAs receive care. In regard to all three types of care – primary, optometric, and dental – a larger percentage of Latinos have never received care; the differences between the two groups for doctors, eye doctors, and dentists are 7.8%, 19.5%, and 34.4%, respectively.

There is one other relationship that is worth mentioning that might indicate acculturation. There is a positive relationship between a respondent's length of time in the U.S. and having seen one of these three types of health care providers: more respondents who have been in the U.S. longer have seen one of these providers.

Just because a respondent said they have never seen any of the three aforementioned health care providers does not mean they do not practice preventive care. As was mentioned at the onset of this report, the data are self-reported, and there are communication barriers, among them language, that make conveying an idea challenging. Thus, illustrating the preventive care story of Iowa's immigrants would not be complete without looking at whether respondents had certain procedures completed by a health care provider.

Slightly less than two-thirds (64%) of female respondents from the combined sample replied "yes" when asked whether they had ever had a clinical breast exam. Unfortunately, this is not 100%, but the rate of those who reported having had an exam does increase with age: 63.4% of women under 50 years of age have had an exam whereas 82% of women over 50 years of age have had an exam. Also, CHCs may be playing a role in the availability of health provider breast exams. Proportionately more immigrant women in CHC communities than non-CHC communities have had a breast exam, 76.1% compared to 54.8%.

Acculturation is occurring with mammogram exams as with clinical breast exams. As immigrant women get older, more have the procedure. Looking at Exhibit 4 one can see that the proportion of immigrant women who have had a mammogram doubles between the age categories of 30 to 39 years old and 40 to 49 years old. (Forty is the age when women are recommended to begin getting mammograms, so this doubling seems to reflect an adherence to an accepted medical standard in the U.S.) While this is a promising sign that the public health message is getting through, not everyone that needs one of these procedures is having it performed.



The good news about pap smears is that more immigrant women are undergoing this preventive care procedure than breast exams or mammograms. For the combined sample 82.2% of women have had a pap smear. What is probably just as important is the incidence is nearly as high among young women, ages 18 through 29, as it is among older women, 50 years of age and older.

Risk Behaviors

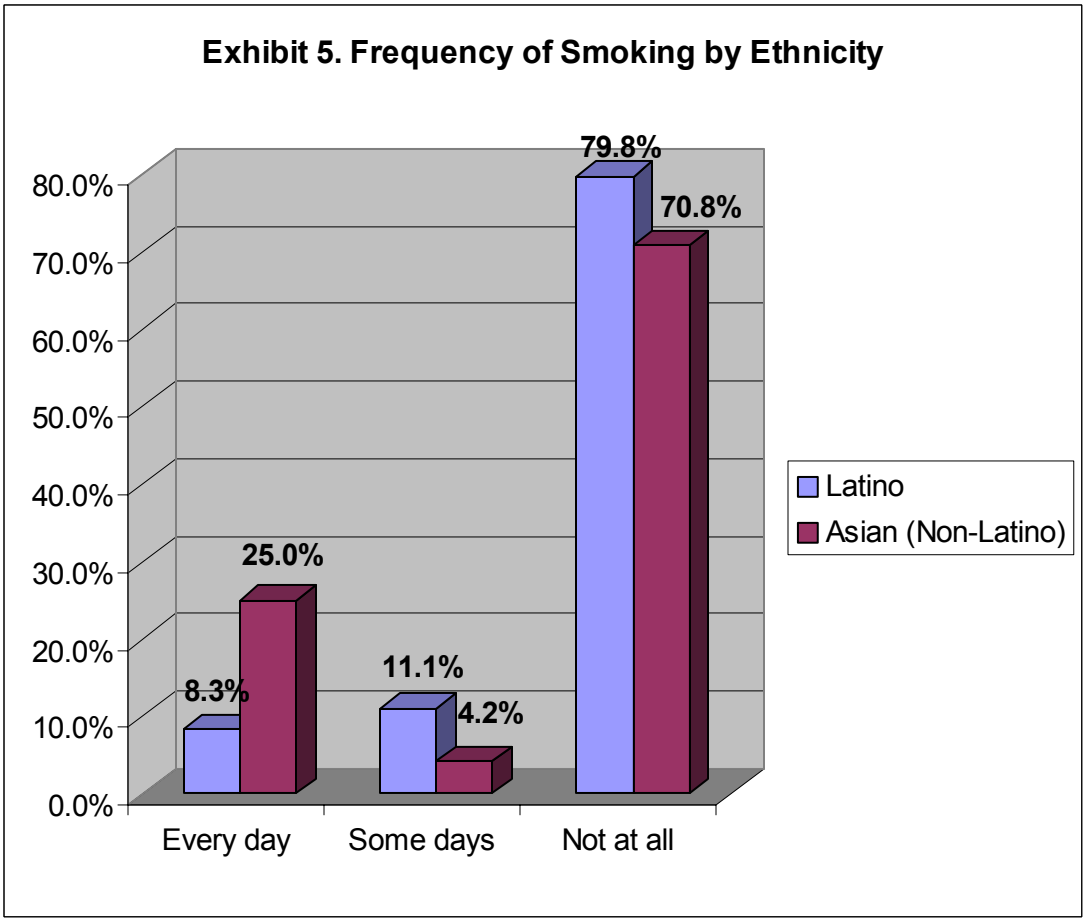
A complete analysis of a person's health status must include looking at certain behaviors in which a person may engage. As was the case in all samples, respondents were asked about several risk behaviors in which they may or may not be engaged. These behaviors include drinking alcoholic beverages, smoking tobacco and the frequency at which the respondent exercised. While these are once again self-reported answers, they do provide a profile of a person's health risk behaviors that can impact health status.

Smoking and drinking are behaviors that most people recognize as being unhealthy. Health professionals, in any capacity, continue to discuss the dangers of prolonged drinking and smoking to all of their patients[10]. At the same time, health professionals encourage regular exercise and activity as a critical factor in a healthy lifestyle. Looking at the amount of drinking,

[10] Despite recent articles in prestigious journals such as the AMA Journal of Medicine that point out the positive effects of consuming alcohol, the general wisdom still remains that this is overall an unhealthy practice.

smoking and the frequency a person exercises is also helpful from a health care planning perspective because these behaviors are predictors of a person's future health.

APIAs smoke more often than Latinos no matter whether one is examining the first sample or the combined sample. The proportion of APIAs that smoke compared to Latinos is more than double, 25% compared to 9.1%.



In the first sample, ethnicity played a role in determining how much a respondent would drink alcohol. Latinos drank more often than APIAs and when they drank, they consumed greater quantities. However, the combined data set does not show the same pattern. While APIAs have twice the proportion of non-drinkers that Latinos do, 14.1% compared to 7.9%, the difference is not statistically significant. The difference between Latinos and APIAs when it comes to the amount they imbibe is slight, as can be seen in Exhibit 6; notice there is never a great distance between the lines representing consumption rates for the two ethnicities in the study.

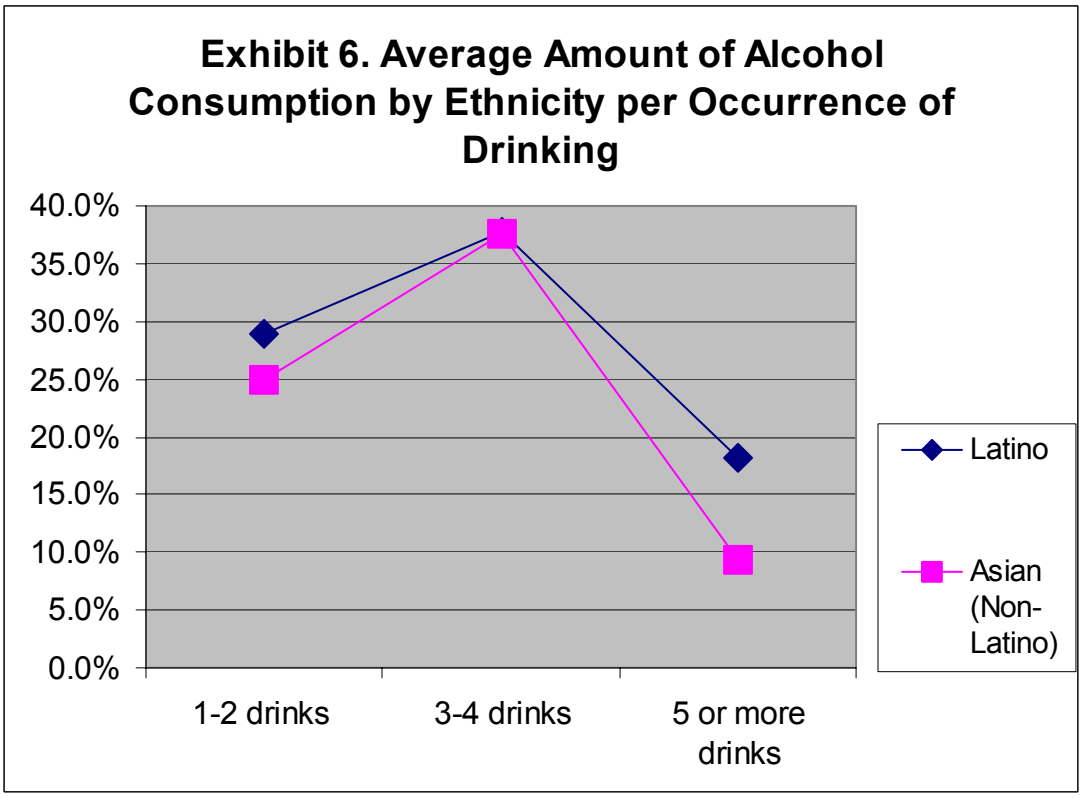
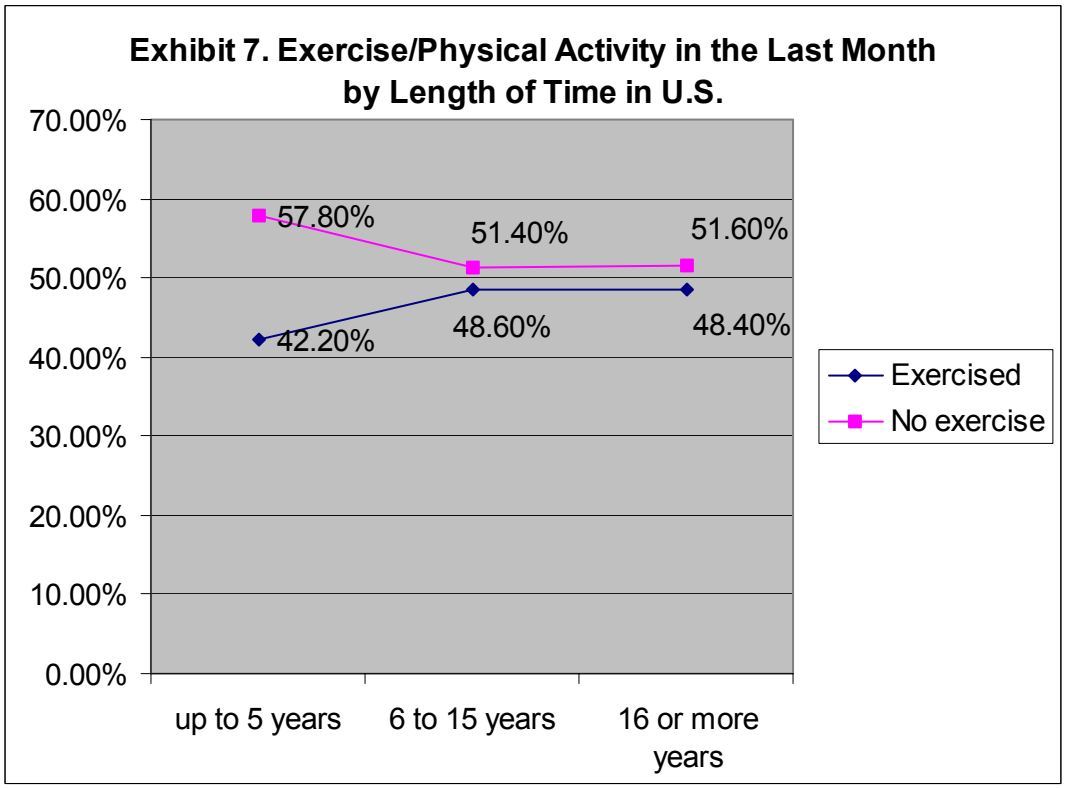


Exhibit 6 does not tell the complete story. Over one-third of respondents (35.3%) admitted they typically drank, but did not/would not specify how much when queried further. So the findings comparing the amount of alcohol consumed by any other variable need to be tempered with that knowledge.

What does this all mean? Both APIA and Latino immigrants in the survey have similar consumption patterns, in regard to both binge drinking or drinking regularly. Possibly, it might indicate that one ethnicity does not need substance abuse treatment more than the other.

As was the case throughout the three-year study, the combined sample displays a positive relationship between length of time in the United States and exercising. Exhibit 7 shows that as the length of stay in the United States increased for immigrants from less than five years to between six through fifteen years, there was a 6.4% increase in the proportion of individuals that exercised. As was speculated in the first analysis, the relationship may be the result of acculturation. Immigrants may have been influenced by societal cues and public education efforts to exercise. However, as the time immigrants had been in the United States increased beyond sixteen years, the proportion of respondents who exercised fell slightly below the proportion reported for immigrants who had been in the United States six through fifteen years (48.6% compared to 48.4%).

This downturn among immigrants who have been in the United States over sixteen years, may actually be a continuation of the trend when a mitigating variable – age – is taken into account. Almost 66.8% of the respondents who have been in the United States more than sixteen years are over the age of 35. So the decrease in exercise among immigrants who have been in the United States over sixteen years should not be surprising; the proportion of older individuals who exercise is less whether immigrant or U.S. citizen. If this is the case, then immigrants have become acculturated.

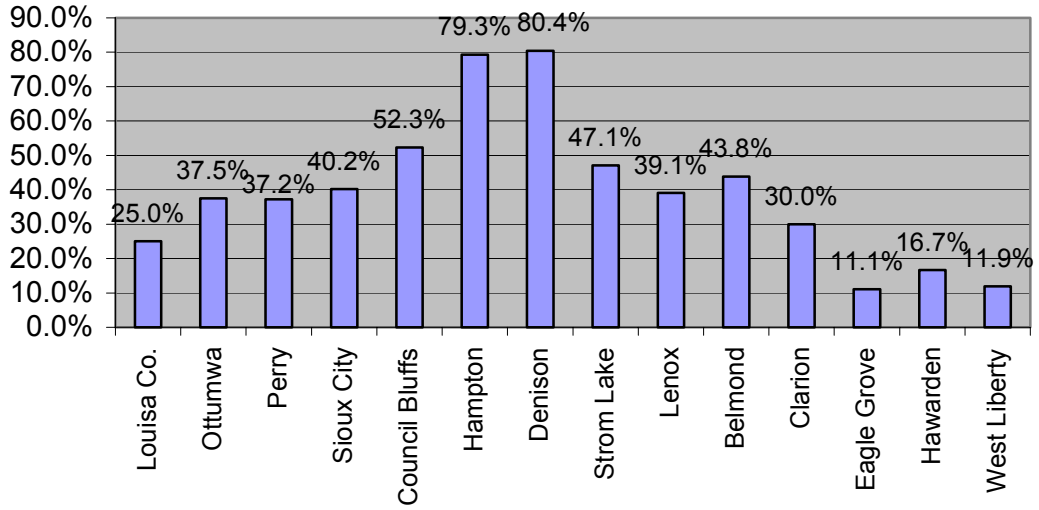


Immigrants' Knowledge of the Delivery System

One of the intentions of this study is to offer possible first steps providers might take to assure access to health care. Based on responses given, education appears to be one of those first steps. New Iowans need to have a working knowledge of the health care system in order to access health care. Without this knowledge it does not matter that they are in a state with some of the best care in the country. In this section of the report, the degree to which immigrants understand the health care delivery system is done by examining whether respondents know where to seek care, where those who get care receive it, and some of the finer nuances of the delivery system, such as the establishment of a medical home.

The most basic indicator of whether one understands the delivery system is whether they know where to go for health care. As the successive years of samples arrived, statistically significant differences were present between these samples. While lumping communities into three samples and noting where statistical differences exist has value, viewing responses by community has more merit. That is because each sample contains communities from around the state; the samples were not collected by region. So examining the differences by sample masks the differences by communities, which can be important for planning (see Exhibit 8). Consider the difference in immigrants' knowledge between Denison where 80.4% of respondents do not know where to go for medical problems and West Liberty where the ratio is 11.9%. These communities may well require different outreach strategies given the differences in the populations' knowledge.

Exhibit 8. Don't Know Where to Go for Medical Help by Community



Immigrants may not know where to go for help, so what do they do when they get sick? The survey asked several questions of immigrants to determine whom they turn to or where they go for care. Exhibit 9 lists the percentages of respondents who acknowledged using a particular person or resource when they were sick in the last 12 months. In other words, a person might have selected more than one option, which in this case is a person or resource.

Exhibit 9. Person or Resource Used When Sick in the Last Twelve Months (combined sample)

Person or Resource	*Percentage*
Medical Doctor	82.4
Pharmacist (non-prescription advice)	44.7
Nurse Practitioner	38.8
Emergency Room	35.0
Family/Friend/Neighbor	25.8
Church/Temple	19.7
Chiropractor	18.2
Community Center	7.4
Counselor	5.3
Curandero/Medicine Man	3.8
Psychic/Spiritualist	2.8

There are many reasons why immigrants choose one health resource over another when they are sick. Constructing an explanation that neatly ties all the utilization information in Exhibit 9 together would be conjecture. However, it is worth examining whether utilization of certain resources is different in communities with CHCs. After all, the mission of CHCs is to provide comprehensive health care access in underserved communities. Nurse practitioners, pharmacists, and family/friends/neighbors were used at a statistically significantly higher rate in non-CHC communities. As was asserted throughout the three-year study, this could be an access issue for immigrants.

The most obvious finding is that more immigrants who access health care use doctors more than any other provider. It is not just that immigrants see doctors, but it is where they see them that is a gauge of how well immigrants understand how the delivery system is designed to work. Immigrants that are accessing the system understand this nuance of the system: doctors are predominately visited in their office, a health department, or CHC; only 3.1% usually see a doctor in the emergency room.

Continuity of care is another subtle facet of a health care delivery system that is difficult to convey and measure, especially across languages. Seeing the same provider helps to ensure that treatments are carried through to their completion and that the provider is aware of all aspects of patient treatment, thereby being able to prevent unwanted interactions. Only slightly

more than one-third (37.3%) have a particular medical provider they usually see. Among Latino male respondents, the proportion drops to 23.2%; roughly only one in five who access care go to the same provider.

Barriers to Health Care

Ultimately, the purpose of removing barriers to care is to ensure that everyone has access to appropriate and affordable health care. Unfortunately, many immigrants who responded agree that ethnicity is a barrier to receiving health care in their community, 47.9% to be precise. In other words, these immigrants do not feel welcome because of who they are. Fortunately though, that perception does not hold constant for all immigrants that responded. It is more pronounced among those immigrants whose health care providers are not able to speak their patients' language, 65.1% compared to 41.9%.

In addition to the overarching feeling that their ethnicity is a barrier to receiving health care in their community, immigrants face a myriad of other barriers to accessing health care. Some barriers are personal and circumstantial while others are institutional situations that can be altered. Regardless, barriers are experienced by a considerable proportion of the respondents as is evident in Exhibit 10.

Exhibit 10. Barriers to Health Care Experienced in the Last Twelve Months (Combined Sample)

Barrier	***Percentage***
Transportation	49.1
Cost	46.6
Provider doesn't speak language	45.8
Don't trust/like doctor	38.6
Clinic or office hours	36.9
Too long a wait at office	36.6
Provider doesn't understand culture	28.0
Takes too long to get an appointment	23.6
Treated differently because of ethnicity	18.1

Transportation stands above the others as the greatest barrier to accessing health care. Cost of care and providers not speaking the same language as the patient were second and third place, respectively. These three issues are clearly the top-tier barriers, so that is where the majority of the discussion will focus.

Transportation has been the number one barrier in every sample. This barrier is more of a problem for women than men and for Latinos more than APIAs. Among Latinos it is a larger problem for women, 52.9% have experienced this barrier compared to 43.6% of the Latino men. Previous research on Latinos in Iowa found that many new Latino immigrant families have only one automobile per family. So when the male takes the vehicle to work, females and children

who are left at home often do not have transportation. Of those immigrants that do not work for money, 53.8% identify themselves as homemakers, which is roughly one-quarter of all respondents (23%).

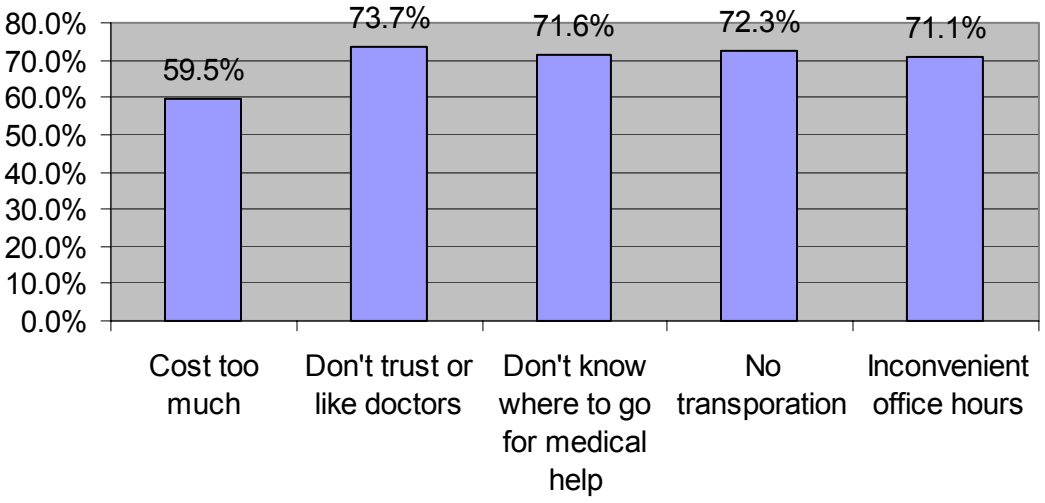
Even though 0.8% more immigrants who responded thought that cost was a larger barrier than providers not speaking the same language, for all practical purposes these two barriers are even when it comes to which one is a greater barrier. Within the immigrant responders there were differences noted among those who perceive cost as a barrier. There is a statistically significant difference showing that Latinos are more likely to think cost is a barrier than APIAs. Additionally, as one might expect, as respondents' income increases, cost is perceived as less of a barrier.

Immigrants perceiving their quality of care is based on their ethnicity/race is more than just being a function of health care providers not speaking the same language, although it was a significant factor: 67.5% of those who do not have a provider that speaks the respondent's language believe they have been treated differently because of their race/ethnicity. As one might expect there are also statistically significant relationships between providers not speaking a patient's language and a number of areas:

- Of those respondents who felt they had to wait too long at a provider's office, 55.5% have a provider that does not speak their language.
- Of those respondents that think it takes too long to get an appointment, 58.5% have a provider that does not speak their language.

Cultural competency is more than just having a provider who is able to speak a patient's language. Even though this perception about having a provider who understands and accepts a respondent's cultural practices and beliefs is held by far fewer respondents (28%), it is a far better indicator of respondents' perceptions on whether they received quality care over the last year than the aforementioned singular aspect of cultural competency - being able to speak the respondent's language. There were several positive statistically significant relationships between having a provider who understands and accepts a respondent's cultural practices and beliefs and other perceptions about care as are displayed in Exhibit 11.

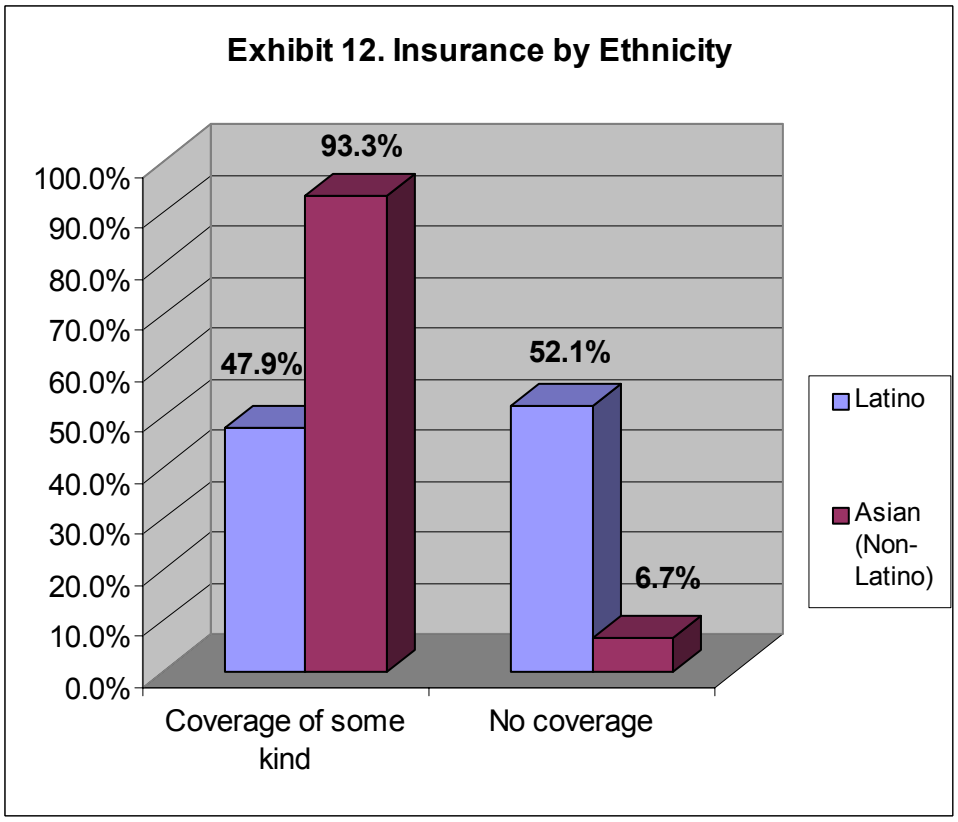
Exhibit 11. Perception of the Quality of Care Received in the Last Year by Respondents Who Believe Their Provider Does Not Understand or Accept Their Cultural Practices and Beliefs



Throughout the United States, health care is primarily delivered through the market place. If one wants health care, then one must pay for it. The primary means used to pay for health care is health insurance. Cost is not a barrier to 69.6% of the respondents who have insurance coverage. Conversely, of those who think cost is a barrier 64.5% do not have insurance. No matter how the respondents' answers are dissected, whether or not cost was a barrier is dependent upon whether or not the respondent had health insurance coverage.

Thus, who has insurance becomes important because it translates into who faces cost as a barrier to health care. Ironically, a larger proportion of uninsured immigrants can be found in meat processing communities - Ottumwa, Perry, Storm Lake, Denison, Council Bluffs, Hawarden and West Liberty[11]. So despite many immigrants holding jobs where insurance benefits are available, they are not taking part. Possible reasons for declining health insurance through the workplace include co-payments, deductibles, or lack of understanding of how insurance works.

[11] It has been SPPG's experience through working with labor representatives and IBP in the *Latino Snapshot* that insurance is offered to employees at these facilities; however, it is also understood that not every male from these communities works in a meat processing facility.



Clearly more Latino immigrants do not have health insurance compared to the APIA respondents. From Exhibit 12 it can be discerned that almost all APIA respondents have insurance, 93.3%. In contrast, slightly less than half, 47.9%, of Latinos have insurance. The rate of insurance among APIAs is comparable to Iowans overall, while the rate of insurance among Latinos points out a huge coverage gap[12]. This should be a major concern since access to health care in the United States is largely dictated by whether or not one has insurance coverage.

Health care is a necessity. Many immigrants in the study sought health care regardless of whether or not they could afford it: however, this is not true for all the respondents. In the year prior to this study, 26.2% of the respondents did not see a health care provider when they needed to because of cost. This is roughly five times higher than the average for all Iowans: 5%[13].

[12] http://www.iowahealthonline.com, State Planning Grant, Iowa Department of Public Health.
[13] http://www.iowahealthonline.com, State Planning Grant Iowa Department of Public health.

Conclusions

This data provides an insight into immigrants' health status, thereby providing a baseline for measurement. The study also illuminates immigrants' ability to access health care and what services they might need. The first finding one notices from the results is that immigrants are not getting in to see medical providers: 17.4% have never seen a primary care doctor; 25.8% have never seen a dentist; and 55.4% have never seen an eye doctor.

Obviously, if immigrants are not seeing medical providers, then they are not being screened for certain illnesses. However, when they do get screened some of the illnesses found in the non-immigrant population are appearing in immigrants - high cholesterol is an example. Twenty and five-tenths percent of those screened for cholesterol showed signs of high cholesterol; 65.3% have never been screened. It is reasonable to assume if more immigrants were screened, many more would be found to have this chronic condition.

As would be expected, this data also points out some of the particular health needs immigrants have. Some of Iowa's new immigrants are involved in heavy physical labor in meat processing communities; immigrants in these towns report joint pain and arthritis. The percentage of women who have been pregnant in the last five years is relatively high, 55.2%. Pregnancy at this rate not only requires delivery services, but also prenatal and postnatal care for both the mother and infant.

These findings indicate that there is a need in the immigrant population for particular kinds of care and that immigrants are not getting that care. The question is, why are they not getting that care? Slightly over one-third of the immigrants who responded said they do not know where to go for help with medical issues, a problem that is far more prevalent among Latinos. Additionally, immigrants face a myriad of barriers to accessing care from the cultural to the pragmatic: lack of knowledge; medical providers not speaking the same language; transportation issues; and cost.

Community Health Centers are helping to partially bridge the gap. Respondents from communities with a CHC rated their health better than respondents from non-CHC communities. CHCs already address some of the issues immigrants face in accessing health care, such as cost, providing culturally competent care, and the language barrier. Cost is a problem for immigrants, especially those without insurance. CHCs take this into account in their payment schedule for services. Likewise, CHCs are trying to address the language barrier immigrants must overcome to access care. Unfortunately, the ability of individual facilities to provide interpreters, even among those in this survey, runs the gamut due to budget constraints: Council Bluffs Community Health Center has interpreters on staff - they use the Latino

Resource Center in their community and the Siouxland Community Health Center in Sioux City has nearly nine fulltime employees as interpreters, who are conversant in three different languages.

While CHCs partially bridge the gap now, the message from this data is that a chasm actually exists and more needs to be done to bridge the expanse. Real barriers exist at the point of delivery, such as language/cultural issues and cost. There are also issues surrounding transporting immigrants to sites that provide care: one-third do not know where to go to seek medical care and transportation was the most frequently selected barrier to care.

Methods Section

Sample

The sample for this final report, referred to as the combined sample, consists of three separate samples. All samples were convenience samples and all respondents were 18 years of age or older at the time of the interview. The first sample of immigrant interviews from February 2001 was drawn from Louisa County, Ottumwa, Perry and Sioux City and consisted of 551 interviews. The second sample collected an additional 320 interviews from Council Bluffs, Denison, Hampton, Lenox, and Storm Lake in 2002. The final round of interviews added 180 to the combined sample from interviews conducted in the spring of 2003 in Belmond, Clarion, Eagle Grove, Hawarden, and West Liberty. The breakdown of respondents by county and city, and other sociodemographic variables are shown in the frequency report (Attachment 1).

Instrumentation

The minority health survey questionnaire was used for data collection in this study. The instrument was developed by the University of Nebraska and previously used in minority health studies in several other communities. Additional items were added to cater to specific issues peculiar to this population. The precoded instrument was translated from English to Spanish, the native language of the target population. The University of Northern Iowa Human Subjects Review Committee gave human subjects approval.

Data Collection

Proteus, Inc., staff were trained as interviewers by the University of Northern Iowa, Global Health Corps staff. Separate training sessions were conducted for each group of interviewers for each language, using an interview guide prepared by the Global Health Corps. The interview training provided interviewers with tips in the act of interviewing and a practice session.

Interviewees signed a confidentiality declaration. Interviewers recruited subjects from various locations to participate in the study, including health clinics, community functions, places of worship, schools, and from among friends and acquaintances. Face-to-face interviews were conducted, with the trained interviewers recording subjects' answers.

Data Analysis

Data entry and analysis were completed by the University of Northern Iowa, Global Health Corps and State Public Policy Group using the Statistical Package for the Social Sciences (SPSS). The analysis for this final report was completed in June 2003.

Attachments

Immigrant and Refugee Health Survey Frequency Report Combined Sample

Introduction to be read by the interviewer:

"Hello. My name is _____. I am working with the Iowa Department of Public Health. I am collecting information from many different refugees and immigrants in our area about their health status, attitudes, and practices. This type of information is collected a lot by government health departments in the United States. We will keep your answers confidential and private. Your responses are anonymous, and you don't have to answer any questions if you don't want to. The information you give me will not be used against you in any way by the police, immigration officers, your bosses, or other people. The Health Department just wants to try to get more information about your health needs and concerns so that they can provide better services to you. In order for you to participate in this survey, though, you need to be 18 years or older and not already have been interviewed for this study."

Section A: Seat Belts

1) How often do you use seat belts when you drive or ride in a car or vehicle?

Frequency of seatbelt use when driving or riding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	897	85.3	86.9	86.9
	Nearly always	80	7.6	7.8	94.7
	Sometimes	45	4.3	4.4	99.0
	Seldom	2	.2	.2	99.2
	Never	8	.8	.8	100.0
	Total	1032	98.2	100.0	
Missing	Not apply	10	1.0		
	Don't know/not sure	4	.4		
	System Missing	5	.5		
	Total	19	1.8		
Total		1051	100.0		

Section B: Exercise

2) During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, sports, dancing, or walking for exercise?

Exercised during the past month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	465	44.2	45.2	45.2
	No	555	52.8	54.0	99.2
	Don't know/not sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1028	97.8	100.0	
Missing	System Missing	23	2.2		
	Total	23	2.2		
Total		1051	100.0		

3) How many times per week or per month did you take part in these activities during the past month?

Number of exercise times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2 times/wk	25	2.4	38.5	38.5
	3-7 times/wk	40	3.8	61.5	100.0
	Total	65	6.2	100.0	
Missing	System Missing	986	93.8		
	Total	986	93.8		
Total		1051	100.0		

4) When you took part in this activity, for how many minutes or hours did you usually keep at it?

Length of exercise period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Up to 30 minutes	161	15.3	37.8	37.8
	31 to 90 minutes	168	16.0	39.4	77.2
	Over 90 minutes	97	9.2	22.8	100.0
	Total	426	40.5	100.0	
Missing	System Missing	625	59.5		
	Total	625	59.5		
Total		1051	100.0		

Section C: Tobacco Use

5) Do you now smoke cigarettes every day, some days, or not at all?

Frequency of cigarette smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Everyday	97	9.2	9.5	9.5
	Some days	103	9.8	10.1	19.7
	Not at all	807	76.8	79.4	99.0
	Refused	10	1.0	1.0	100.0
	Total	1017	96.8	100.0	
Missing	System Missing	34	3.2		
	Total	34	3.2		
Total		1051	100.0		

6) On the average, about how many cigarettes a day do you now smoke?

Number of cigarettes smoked per day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One to nine	58	5.5	56.3	56.3
	Ten to nineteen	27	2.6	26.2	82.5
	Twenty of more	18	1.7	17.5	100.0
	Total	103	9.8	100.0	
Missing	System Missing	948	90.2		
	Total	948	90.2		
Total		1051	100.0		

7) About how old were you when you first started smoking cigarettes daily?

Age at which one first started smoking cigarettes daily

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Age 10-15	28	2.7	28.6	28.6
	Age 16-20	43	4.1	43.9	72.4
	Age 21 or older	27	2.6	27.6	100.0
	Total	98	9.3	100.0	
Missing	System Missing	953	90.7		
	Total	953	90.7		
Total		1051	100.0		

8) During the past 12 months, have you quit smoking for 1 day or longer?

Ever quit smoking for 1 day or longer during the past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	50	4.8	46.7	46.7
	No	53	5.0	49.5	96.3
	Not apply	3	.3	2.8	99.1
	Don't know/not apply	1	.1	.9	100.0
	Total	107	10.2	100.0	
Missing	System Missing	944	89.8		
	Total	944	89.8		
Total		1051	100.0		

Section D: Alcohol Consumption

9) During a typical month, how many days per week or per month do you drink any alcoholic beverages?

Number of days per month that alcohol is consumed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zero to two drinks	179	17.0	66.8	66.8
	Three to seven drinks	76	7.2	28.4	95.1
	Eight drinks or more	13	1.2	4.9	100.0
	Total	268	25.5	100.0	
Missing	System Missing	783	74.5		
	Total	783	74.5		
Total		1051	100.0		

10) How old were you when you started drinking alcoholic beverages at least once a week?

Age at which alcoholic beverages were consumed at least once a week

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Age 11 through 15	12	1.1	12.8	12.8
	Age 16 through 20	50	4.8	53.2	66.0
	Age 21 and older	32	3.0	34.0	100.0
	Total	94	8.9	100.0	
Missing	System Missing	957	91.1		
	Total	957	91.1		
Total		1051	100.0		

11) A drink is one 12 oz can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank alcoholic beverages, about how many did you have on average?

Average number of drinks consumed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One to three drinks	70	6.7	53.0	53.0
	Four to six drinks	45	4.3	34.1	87.1
	Seven or more drinks	17	1.6	12.9	100.0
	Total	132	12.6	100.0	
Missing	System Missing	919	87.4		
	Total	919	87.4		
Total		1051	100.0		

12) Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?

Number of time five or more drinks were consumed during the last month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zero to two times	65	6.2	60.7	60.7
	Three to six times	34	3.2	31.8	92.5
	Seven or more times	8	.8	7.5	100.0
	Total	107	10.2	100.0	
Missing	System Missing	944	89.8		
	Total	944	89.8		
Total		1051	100.0		

13) During a typical month in the last year, how many times have you driven after having five or more drinks?

Number of times driving

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zero to two times	82	7.8	91.1	91.1
	Three to five times	4	.4	4.4	95.6
	Six or more times	4	.4	4.4	100.0
	Total	90	8.6	100.0	
Missing	System Missing	961	91.4		
	Total	961	91.4		
Total		1051	100.0		

Section E: Women's Health

14) A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

Ever had a clinical breast exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	335	31.9	58.0	58.0
	No	178	16.9	30.8	88.8
	Not apply (male)	61	5.8	10.6	99.3
	Don't know/not sure	2	.2	.3	99.7
	Refused	2	.2	.3	100.0
	Total	578	55.0	100.0	
Missing	System Missing	473	45.0		
	Total	473	45.0		
Total		1051	100.0		

15) How long has it been since your last clinical breast exam?

How long since the last clinical breast exam occurred

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	265	25.2	77.0	77.0
	Within 13 to 24 months	56	5.3	16.3	93.3
	Within 25 to 36 months	11	1.0	3.2	96.5
	Within 37 to 60 months	4	.4	1.2	97.7
	Over 60 months ago	5	.5	1.5	99.1
	Not apply	1	.1	.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	32.7	100.0	
Missing	System Missing	707	67.3		
	Total	707	67.3		
Total		1051	100.0		

16) Do you examine your own breasts every month to check for lumps or other unusual problems?

Monthly breast self-examination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	246	23.4	48.2	48.2
	No	253	24.1	49.6	97.8
	Not apply	3	.3	.6	98.4
	Don't know/not sure	4	.4	.8	99.2
	Refused	4	.4	.8	100.0
	Total	510	48.5	100.0	
Missing	System Missing	541	51.5		
	Total	541	51.5		
Total		1051	100.0		

17) A mammogram is an x-ray of the breast. Have you ever had a mammogram?

Ever had a mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	128	12.2	25.2	25.2
	No	375	35.7	73.8	99.0
	Not apply	2	.2	.4	99.4
	Refused	3	.3	.6	100.0
	Total	508	48.3	100.0	
Missing	System Missing	543	51.7		
	Total	543	51.7		
Total		1051	100.0		

18) How long has it been since you had your last mammogram?

How long since the last mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	41	3.9	64.1	64.1
	Within 13 to 24 months	15	1.4	23.4	87.5
	Within 25 to 36 months	4	.4	6.3	93.8
	Within 37 to 60 months	1	.1	1.6	95.3
	Over 60 months ago	3	.3	4.7	100.0
	Total	64	6.1	100.0	
Missing	Not apply	17	1.6		
	Don't know/not sure	4	.4		
	Refused	1	.1		
	System Missing	965	91.8		
	Total	987	93.9		
Total		1051	100.0		

19) Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

Reason for the last mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Routine checkup	108	10.3	85.7	85.7
	Breast problem other than cancer	16	1.5	12.7	98.4
	Had breast cancer	2	.2	1.6	100.0
	Total	126	12.0	100.0	
Missing	Not apply	17	1.6		
	Don't know/not sure	3	.3		
	Refused	4	.4		
	System Missing	901	85.7		
	Total	925	88.0		
Total		1051	100.0		

20) Have you ever had a Pap smear?

Ever had a Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	412	39.2	82.2	82.2
	No	89	8.5	17.8	100.0
	Total	501	47.7	100.0	
Missing	Not apply	4	.4		
	Don't know/not sure	2	.2		
	Refused	5	.5		
	System Missing	539	51.3		
	Total	550	52.3		
Total		1051	100.0		

21) How long has it been since you had your last Pap smear?

How long since the last Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	340	32.4	81.9	81.9
	Within 13 to 24 months	53	5.0	12.8	94.7
	Within 25 to 36 months	12	1.1	2.9	97.6
	Within 37 to 60 months	5	.5	1.2	98.8
	Over 60 months ago	5	.5	1.2	100.0
	Total	415	39.5	100.0	
Missing	Not apply	6	.6		
	Don't know/not sure	1	.1		
	Refused	1	.1		
	System Missing	628	59.8		
	Total	636	60.5		
Total		1051	100.0		

22) Was your last Pap smear done as part of a routine exam, to check a current or previous problem, or for some other reason?

Reason for the last Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Routine exam	363	34.5	89.6	89.6
	Check current or previous problem	26	2.5	6.4	96.0
	Other	16	1.5	4.0	100.0
	Total	405	38.5	100.0	
Missing	System Missing	646	61.5		
	Total	646	61.5		
Total		1051	100.0		

23) Have you been pregnant in the last five years?

Ever been pregnant in the last five years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	255	24.3	55.2	55.2
	No	207	19.7	44.8	100.0
	Total	462	44.0	100.0	
Missing	Not apply	10	1.0		
	Refused	2	.2		
	System Missing	577	54.9		
	Total	589	56.0		
Total		1051	100.0		

24) With your most recent pregnancy (regardless of whether it went full term), during what month of the pregnancy did you first visit a doctor or nurse?

Month of first prenatal care visit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No visit	20	1.9	7.2	7.2
	Before 3rd month	186	17.7	66.7	73.8
	3rd month	36	3.4	12.9	86.7
	4th month	13	1.2	4.7	91.4
	5th month	10	1.0	3.6	95.0
	6th month	2	.2	.7	95.7
	7th month	6	.6	2.2	97.8
	8th month	1	.1	.4	98.2
	9th month	5	.5	1.8	100.0
	Total	279	26.5	100.0	
Missing	Not apply	6	.6		
	System Missing	766	72.9		
	Total	772	73.5		
Total		1051	100.0		

25) Did you smoke during your most recent pregnancy?

Smoked during most recent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	2.7	2.7
	No, I wasn't a smoker	237	22.5	92.6	95.3
	No, I quit because of my pregnancy	12	1.1	4.7	100.0
	Total	256	24.4	100.0	
Missing	Not apply	16	1.5		
	Refused	1	.1		
	System Missing	778	74.0		
	Total	795	75.6		
Total		1051	100.0		

26) On the average, about how many cigarettes a day did you smoke during your most recent pregnancy?

Average number of cigarettes smoked during pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One to nineteen	4	.4	80.0	80.0
	Twenty to fifty	1	.1	20.0	100.0
	Total	5	.5	100.0	
Missing	System Missing	1046	99.5		
	Total	1046	99.5		
Total		1051	100.0		

27) If during your most recent pregnancy you reduced or stopped smoking, what helped you to make that decision?

What helped to stop or reduce smoking during most recent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family member advice/support	1	.1	12.5	12.5
	Health care provider advice	5	.5	62.5	75.0
	Public awareness	1	.1	12.5	87.5
	No, did not stop or reduce smoking	1	.1	12.5	100.0
	Total	8	.8	100.0	
Missing	Not apply	18	1.7		
	Don't know/not sure	1	.1		
	Refused	2	.2		
	System Missing	1022	97.2		
	Total	1043	99.2		
Total		1051	100.0		

Section F: Children's Issues

28) What are the ages of the children, under the age of 18, living in this home for whom you are the primary caretaker?

Number of children living in respondent's home for whom respondent is the primary caretaker: Under one year of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	107	10.2	92.2	92.2
	2	8	.8	6.9	99.1
	4	1	.1	.9	100.0
	Total	116	11.0	100.0	
Missing	7	158	15.0		
	System Missing	777	73.9		
	Total	935	89.0		
Total		1051	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: Between one and four years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	218	20.7	86.9	86.9
	2	29	2.8	11.6	98.4
	3	3	.3	1.2	99.6
	4	1	.1	.4	100.0
	Total	251	23.9	100.0	
Missing	7	89	8.5		
	System Missing	711	67.6		
	Total	800	76.1		
Total		1051	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: Between five and nine years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	151	14.4	79.5	79.5
	2	30	2.9	15.8	95.3
	3	8	.8	4.2	99.5
	5	1	.1	.5	100.0
	Total	190	18.1	100.0	
Missing	7	91	8.7		
	9	1	.1		
	System Missing	769	73.2		
	Total	861	81.9		
Total		1051	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: Between 10 and 12 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	91	8.7	78.4	78.4
	2	23	2.2	19.8	98.3
	3	2	.2	1.7	100.0
	Total	116	11.0	100.0	
Missing	7	101	9.6		
	System Missing	834	79.4		
	Total	935	89.0		
Total		1051	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: Between 13 and 15 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	65	6.2	83.3	83.3
	2	12	1.1	15.4	98.7
	3	1	.1	1.3	100.0
	Total	78	7.4	100.0	
Missing	7	105	10.0		
	System Missing	868	82.6		
	Total	973	92.6		
Total		1051	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: Between 16 and 17 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	3.8	83.3	83.3
	2	7	.7	14.6	97.9
	3	1	.1	2.1	100.0
	Total	48	4.6	100.0	
Missing	7	128	12.2		
	System Missing	875	83.3		
	Total	1003	95.4		
Total		1051	100.0		

29) When you drive or ride in a car, do you use child protective car seats or booster seats for your children under five years of age, or under 40 pounds of weight?

Use child car seat protection for children under age five

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	404	38.4	90.8	90.8
	Nearly always	12	1.1	2.7	93.5
	Sometimes	7	.7	1.6	95.1
	Seldom	4	.4	.9	96.0
	Never	18	1.7	4.0	100.0
	Total	445	42.3	100.0	
Missing	Not apply	68	6.5		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System Missing	534	50.8		
	Total	606	57.7		
Total		1051	100.0		

30) If your children under five never use a protective car seat, it is due to:

Why children under age five never use protective car seat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cost	7	.7	14.9	14.9
	Don't believe in seat belt use	5	.5	10.6	25.5
	Other	35	3.3	74.5	100.0
	Total	47	4.5	100.0	
Missing	Not apply	56	5.3		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System Missing	944	89.8		
	Total	1004	95.5		
Total		1051	100.0		

31) Does anyone smoke in the house or in the car when the children are there?

Anyone smoke in house or car with children present

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	5.0	9.0	9.0
	Yes, but not around children	41	3.9	7.0	16.0
	No	492	46.8	84.0	100.0
	Total	586	55.8	100.0	
Missing	Not apply	45	4.3		
	System Missing	420	40.0		
	Total	465	44.2		
Total		1051	100.0		

32) Do you take your children to the dentist at least once per year for a routine dental exam?

At least once a year child routine dental exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	337	32.1	61.2	61.2
	No	214	20.4	38.8	100.0
	Total	551	52.4	100.0	
Missing	Not apply	69	6.6		
	Don't know/not sure	5	.5		
	Refused	1	.1		
	System Missing	425	40.4		
	Total	500	47.6		
Total		1051	100.0		

33) Have any of your children ever been treated for lead poisoning?

Any children ever treated for lead poisoning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	58	5.5	10.2	10.2
	No	509	48.4	89.8	100.0
	Total	567	53.9	100.0	
Missing	Not apply	48	4.6		
	Don't know/not sure	8	.8		
	Refused	1	.1		
	System Missing	427	40.6		
	Total	484	46.1		
Total		1051	100.0		

34) Do any of your children suffer from asthma?

Any children suffer from asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	2.6	4.8	4.8
	No	532	50.6	95.2	100.0
	Total	559	53.2	100.0	
Missing	Not apply	38	3.6		
	Don't know/not sure	3	.3		
	Refused	2	.2		
	System Missing	449	42.7		
	Total	492	46.8		
Total		1051	100.0		

Has your youngest child who is at least two years old received the following vaccinations:

35) Four DTP shots? (diphtheria, tetanus, and pertussis)

Youngest child, at least two years old, recieved four DPT shots

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	470	44.7	97.9	97.9
	No	10	1.0	2.1	100.0
	Total	480	45.7	100.0	
Missing	Not apply	105	10.0		
	Don't know/not sure	6	.6		
	Refused	1	.1		
	System Missing	459	43.7		
	Total	571	54.3		
Total		1051	100.0		

36) Three doses of Polio Vaccine?

Youngest child, at least two years old, recieved three doses of polio vaccine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	465	44.2	97.5	97.5
	No	12	1.1	2.5	100.0
	Total	477	45.4	100.0	
Missing	Not apply	104	9.9		
	Don't know/not sure	11	1.0		
	Refused	1	.1		
	System Missing	458	43.6		
	Total	574	54.6		
Total		1051	100.0		

37) One dose of MMR? (measles, mumps, and rubella)

Youngest child, at least two years old, recieved one dose of MMR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	459	43.7	97.9	97.9
	No	10	1.0	2.1	100.0
	Total	469	44.6	100.0	
Missing	Not apply	105	10.0		
	Don't know/not sure	15	1.4		
	Refused	1	.1		
	System Missing	461	43.9		
	Total	582	55.4		
Total		1051	100.0		

38) Of the following categories identify the primary reason which best describes why this child did not receive all of the above immunizations?

Primary reason for child not receiving all listed immunizations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Too expensive	6	.6	9.1	9.1
	No reason	46	4.4	69.7	78.8
	Worry about bad/side effect	5	.5	7.6	86.4
	Vaccination services not available in the community	1	.1	1.5	87.9
	Not available to fit my schedule	1	.1	1.5	89.4
	Other	7	.7	10.6	100.0
	Total	66	6.3	100.0	
Missing	Not apply	48	4.6		
	Don't know/not sure	3	.3		
	System Missing	934	88.9		
	Total	985	93.7		
Total		1051	100.0		

Section G: HIV/AIDS

39) Do you think HIV is the same as AIDS?

HIV same as AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	658	62.6	68.4	68.4
	No	185	17.6	19.2	87.6
	Not familiar with HIV/AIDS	119	11.3	12.4	100.0
	Total	962	91.5	100.0	
Missing	Don't know/not sure	51	4.9		
	Refused	6	.6		
	System Missing	32	3.0		
	Total	89	8.5		
Total		1051	100.0		

40) Do you think a pregnant woman who has HIV can give this virus to her unborn baby?

Gestational transmission of HIV possible

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	854	81.3	91.6	91.6
	No	78	7.4	8.4	100.0
	Total	932	88.7	100.0	
Missing	Not familiar with HIV/Aids	44	4.2		
	Don't know/not sure	32	3.0		
	Refused	8	.8		
	System Missing	35	3.3		
	Total	119	11.3		
Total		1051	100.0		

41) In general, which of the following categories pose as high risk for contracting HIV/AIDS?

Sharing needle through intravenous drug use poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	952	90.6	95.6	95.6
	No	15	1.4	1.5	97.1
	3	29	2.8	2.9	100.0
	Total	996	94.8	100.0	
Missing	Don't know/not sure	11	1.0		
	Refused	13	1.2		
	System Missing	31	2.9		
	Total	55	5.2		
Total		1051	100.0		

Multiple sexual partners without condom use poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	949	90.3	97.9	97.9
	No	20	1.9	2.1	100.0
	Total	969	92.2	100.0	
Missing	Not familiar with HIV/Aids	24	2.3		
	Don't know/not sure	14	1.3		
	Refused	12	1.1		
	System Missing	32	3.0		
	Total	82	7.8		
Total		1051	100.0		

Kissing a person with AIDS on the lips poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	339	32.3	39.4	39.4
	No	522	49.7	60.6	100.0
	Total	861	81.9	100.0	
Missing	Not familiar with HIV/Aids	81	7.7		
	Don't know/not sure	51	4.9		
	Refused	12	1.1		
	System Missing	46	4.4		
	Total	190	18.1		
Total		1051	100.0		

Mosquito bites pose high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	532	50.6	61.8	61.8
	No	329	31.3	38.2	100.0
	Total	861	81.9	100.0	
Missing	Not familiar with HIV/Aids	76	7.2		
	Don't know/not sure	58	5.5		
	Refused	11	1.0		
	System Missing	45	4.3		
	Total	190	18.1		
Total		1051	100.0		

Using same toilet as a person with AIDS poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	294	28.0	35.7	35.7
	No	529	50.3	64.3	100.0
	Total	823	78.3	100.0	
Missing	Not familiar with HIV/Aids	101	9.6		
	Don't know/not sure	65	6.2		
	Refused	11	1.0		
	System Missing	51	4.9		
	Total	228	21.7		
Total		1051	100.0		

Section H: Preventative Health Practices

42) Would you say that in general your health is:

General state of health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	138	13.1	13.4	13.4
	Very good	222	21.1	21.6	35.0
	Good	367	34.9	35.7	70.7
	Fair	266	25.3	25.9	96.5
	Poor	36	3.4	3.5	100.0
	Total	1029	97.9	100.0	
Missing	Don't know/not sure	9	.9		
	Refuesd	5	.5		
	System Missing	8	.8		
	Total	22	2.1		
Total		1051	100.0		

43) About how long has it been since you last visited a doctor for a routine checkup?

How long since the last visit to doctor for routine chekup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	593	56.4	63.5	63.5
	Within 13 to 24 months	96	9.1	10.3	73.8
	Within 25 to 36 months	35	3.3	3.7	77.5
	Within 37 to 60 months	17	1.6	1.8	79.3
	Over 60 months ago	47	4.5	5.0	84.4
	Never	146	13.9	15.6	100.0
	Total	934	88.9	100.0	
Missing	Don't know/not sure	77	7.3		
	Refused	27	2.6		
	System Missing	13	1.2		
	Total	117	11.1		
Total		1051	100.0		

44) What about an eye doctor (Optometrist or Ophthalmologist)?

How long since the last visit to eye doctor for eye checkup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	261	24.8	26.2	26.2
	Within 13 to 24 months	80	7.6	8.0	34.2
	Within 25 to 36 months	44	4.2	4.4	38.7
	Within 37 to 60 months	25	2.4	2.5	41.2
	Over 60 months ago	57	5.4	5.7	46.9
	Never	529	50.3	53.1	100.0
	Total	996	94.8	100.0	
Missing	Not apply	1	.1		
	Don't know/not sure	22	2.1		
	Refused	13	1.2		
	System Missing	19	1.8		
	Total	55	5.2		
Total		1051	100.0		

45) What about a dentist?

How long since the last visit to dentist for dental checkup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	388	36.9	39.6	39.6
	Within 13 to 24 months	138	13.1	14.1	53.6
	Within 25 to 36 months	64	6.1	6.5	60.1
	Within 37 to 60 months	39	3.7	4.0	64.1
	Over 60 months ago	107	10.2	10.9	75.0
	Never	245	23.3	25.0	100.0
	Total	981	93.3	100.0	
Missing	Don't know/not sure	40	3.8		
	Refused	13	1.2		
	System Missing	17	1.6		
	Total	70	6.7		
Total		1051	100.0		

46) How many of your permanent teeth have been removed because of tooth decay or gum disease?

How many permanent teeth removed due to tooth decay or gum disease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5	436	41.5	48.4	48.4
	6 or more but not all	51	4.9	5.7	54.1
	All	18	1.7	2.0	56.0
	None	396	37.7	44.0	100.0
	Total	901	85.7	100.0	
Missing	Not apply	53	5.0		
	Don't know/not sure	21	2.0		
	Refused	16	1.5		
	System Missing	60	5.7		
	Total	150	14.3		
Total		1051	100.0		

47) Have you ever had your blood cholesterol checked?

Ever had blood cholesterol checked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	311	29.6	31.6	31.6
	No	673	64.0	68.4	100.0
	Total	984	93.6	100.0	
Missing	Don't know/not sure	33	3.1		
	Refused	13	1.2		
	System Missing	21	2.0		
	Total	67	6.4		
Total		1051	100.0		

48) About how long has it been since you last had your blood cholesterol checked?

How long since last blood cholesterol checked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	234	22.3	74.5	74.5
	Within 13 to 24 months	47	4.5	15.0	89.5
	Within 25 to 36 months	15	1.4	4.8	94.3
	Within 37 to 60 months	9	.9	2.9	97.1
	Over 60 months ago	9	.9	2.9	100.0
	Total	314	29.9	100.0	
Missing	Not apply	14	1.3		
	Refused	2	.2		
	System Missing	721	68.6		
	Total	737	70.1		
Total		1051	100.0		

49) Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Ever been told by doctor/nurse/health professional that blood cholesterol is high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	6.4	21.8	21.8
	No	240	22.8	78.2	100.0
	Total	307	29.2	100.0	
Missing	Not Applicable	12	1.1		
	Don't know/not sure	2	.2		
	System Missing	730	69.5		
	Total	744	70.8		
Total		1051	100.0		

50) About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

How long since blood pressure taken by doctor/nurse/health professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	704	67.0	72.8	72.8
	Within 13 to 24 months	79	7.5	8.2	81.0
	Within 25 to 36 months	31	2.9	3.2	84.2
	Within 37 to 60 months	11	1.0	1.1	85.3
	Over 60 months ago	18	1.7	1.9	87.2
	Never	124	11.8	12.8	100.0
	Total	967	92.0	100.0	
Missing	Don't know/not sure	40	3.8		
	Refused	6	.6		
	System Missing	38	3.6		
	Total	84	8.0		
Total		1051	100.0		

51) Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Ever been told by doctor/nurse/health professional that blood pressure is high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	111	10.6	11.7	11.7
	No	841	80.0	88.3	100.0
	Total	952	90.6	100.0	
Missing	Not Apply	44	4.2		
	Don't know/not sure	12	1.1		
	Refused	6	.6		
	System Missing	37	3.5		
	Total	99	9.4		
Total		1051	100.0		

52) Have you been told on more than one occasion that your blood pressure was high, or have you only been told this once?

Number of times told that blood pressure was high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Only once	43	4.1	39.4	39.4
	More than once	66	6.3	60.6	100.0
	Total	109	10.4	100.0	
Missing	Not apply	23	2.2		
	Don't know/not sure	3	.3		
	Refused	2	.2		
	System Missing	914	87.0		
	Total	942	89.6		
Total		1051	100.0		

53) Are you currently controlling your high blood pressure through: (check all that apply)

Currently controlling blood pressure through medication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	4.1	56.6	56.6
	No	14	1.3	18.4	75.0
	Not controlling	19	1.8	25.0	100.0
	Total	76	7.2	100.0	
Missing	Not apply	8	.8		
	Refused	1	.1		
	System Missing	966	91.9		
	Total	975	92.8		
Total		1051	100.0		

Currently controlling blood pressure through exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	1.5	37.2	37.2
	No	19	1.8	44.2	81.4
	Not controlling	8	.8	18.6	100.0
	Total	43	4.1	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System Missing	1005	95.6		
	Total	1008	95.9		
Total		1051	100.0		

Currently controlling blood pressure through diet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	1.7	42.9	42.9
	No	16	1.5	38.1	81.0
	Not controlling	8	.8	19.0	100.0
	Total	42	4.0	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System Missing	1006	95.7		
	Total	1009	96.0		
Total		1051	100.0		

54) Have you ever been told by a doctor that you have diabetes or high blood sugar? (If yes and female, ask “was this only during a pregnancy?”)

Ever been told by doctor that blood sugar is high (diabetic)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	45	4.3	4.7	4.7
	Yes, but only during pregnancy	28	2.7	2.9	7.6
	No	886	84.3	92.4	100.0
	Total	959	91.2	100.0	
Missing	Don't know/not sure	18	1.7		
	Refused	18	1.7		
	System Missing	56	5.3		
	Total	92	8.8		
Total		1051	100.0		

55) Are you currently controlling your diabetes through: (check all that apply)

Currently controlling diabetes through insulin injections

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	29.2	29.2
	No	11	1.0	45.8	75.0
	Not controlling	6	.6	25.0	100.0
	Total	24	2.3	100.0	
Missing	Refused	2	.2		
	System Missing	1025	97.5		
	Total	1027	97.7		
Total		1051	100.0		

Currently controlling diabetes through oral medications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	1.3	46.7	46.7
	No	14	1.3	46.7	93.3
	Not controlling	2	.2	6.7	100.0
	Total	30	2.9	100.0	
Missing	Not apply	3	.3		
	System Missing	1018	96.9		
	Total	1021	97.1		
Total		1051	100.0		

Currently controlling diabetes through exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	.6	35.3	35.3
	No	10	1.0	58.8	94.1
	Not controlling	1	.1	5.9	100.0
	Total	17	1.6	100.0	
Missing	System Missing	1034	98.4		
	Total	1034	98.4		
Total		1051	100.0		

Currently controlling diabetes through diet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	1.4	62.5	62.5
	No	8	.8	33.3	95.8
	Not controlling	1	.1	4.2	100.0
	Total	24	2.3	100.0	
Missing	Not apply	2	.2		
	System Missing	1025	97.5		
	Total	1027	97.7		
Total		1051	100.0		

56) How long has it been since you were seen by a doctor concerning your diabetes?

How long since seen by doctor concerning diabetes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	56	5.3	83.6	83.6
	Within 13 to 24 months	8	.8	11.9	95.5
	Within 25 to 36 months	1	.1	1.5	97.0
	Within 37 to 60 months	1	.1	1.5	98.5
	Over 60 months ago	1	.1	1.5	100.0
	Total	67	6.4	100.0	
Missing	Not apply	39	3.7		
	Don't know/not sure	4	.4		
	Refused	1	.1		
	System Missing	940	89.4		
	Total	984	93.6		
Total		1051	100.0		

57) During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?

Had pains/aching/stiffness/swelling in or around a joint during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	205	19.5	20.7	20.7
	No	784	74.6	79.3	100.0
	Total	989	94.1	100.0	
Missing	Don't know/not sure	4	.4		
	Refused	18	1.7		
	System Missing	40	3.8		
	Total	62	5.9		
Total		1051	100.0		

58) Were these symptoms present for 15 or more consecutive days?

Were symptoms of pain present for 15 or more consecutive days

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	89	8.5	36.0	36.0
	No	158	15.0	64.0	100.0
	Total	247	23.5	100.0	
Missing	Not apply	28	2.7		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System Missing	772	73.5		
	Total	804	76.5		
Total		1051	100.0		

59) Did a doctor ever tell you that you had asthma?

Ever been told by doctor that you have asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	3.1	3.3	3.3
	No	967	92.0	96.7	100.0
	Total	1000	95.1	100.0	
Missing	Don't know/not sure	12	1.1		
	Refused	2	.2		
	System Missing	37	3.5		
	Total	51	4.9		
Total		1051	100.0		

60) Do you still have asthma?

Still has asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	1.4	57.7	57.7
	No	11	1.0	42.3	100.0
	Total	26	2.5	100.0	
Missing	Don't know/not sure	1	.1		
	System Missing	1024	97.4		
	Total	1025	97.5		
Total		1051	100.0		

61) If you were sick or ill during the past 12 months, did you use any of these people, places or resources for help?

Used folk healer/curandero/medicine man when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	2.9	3.8	3.8
	No	750	71.4	96.2	100.0
	Total	780	74.2	100.0	
Missing	Not apply	56	5.3		
	Refused	10	1.0		
	System Missing	205	19.5		
	Total	271	25.8		
Total		1051	100.0		

Used psychic/spritualist when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.1	2.8	2.8
	No	750	71.4	97.2	100.0
	Total	772	73.5	100.0	
Missing	Not apply	55	5.2		
	Refused	12	1.1		
	System Missing	212	20.2		
	Total	279	26.5		
Total		1051	100.0		

Used medical doctor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	659	62.7	82.4	82.4
	No	141	13.4	17.6	100.0
	Total	800	76.1	100.0	
Missing	Not apply	55	5.2		
	Refused	10	1.0		
	System Missing	186	17.7		
	Total	251	23.9		
Total		1051	100.0		

Used chiropractor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	141	13.4	18.2	18.2
	No	632	60.1	81.8	100.0
	Total	773	73.5	100.0	
Missing	Not apply	55	5.2		
	Refused	12	1.1		
	System Missing	211	20.1		
	Total	278	26.5		
Total		1051	100.0		

Used pharmacist (non-prescription) when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	347	33.0	44.7	44.7
	No	430	40.9	55.3	100.0
	Total	777	73.9	100.0	
Missing	Not apply	55	5.2		
	Refused	10	1.0		
	System Missing	209	19.9		
	Total	274	26.1		
Total		1051	100.0		

Used hospital emergency room when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	273	26.0	35.0	35.0
	No	506	48.1	65.0	100.0
	Total	779	74.1	100.0	
Missing	Not apply	55	5.2		
	Refused	8	.8		
	System Missing	209	19.9		
	Total	272	25.9		
Total		1051	100.0		

Used counselor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	3.9	5.3	5.3
	No	732	69.6	94.7	100.0
	Total	773	73.5	100.0	
Missing	Not apply	55	5.2		
	Refused	10	1.0		
	System Missing	213	20.3		
	Total	278	26.5		
Total		1051	100.0		

Used family/friend/neighbor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	200	19.0	25.8	25.8
	No	574	54.6	74.2	100.0
	Total	774	73.6	100.0	
Missing	Not apply	55	5.2		
	Refused	11	1.0		
	System Missing	211	20.1		
	Total	277	26.4		
Total		1051	100.0		

Used nurse/nurse-practitioner when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	299	28.4	38.8	38.8
	No	472	44.9	61.2	100.0
	Total	771	73.4	100.0	
Missing	Not apply	55	5.2		
	Refused	13	1.2		
	System Missing	212	20.2		
	Total	280	26.6		
Total		1051	100.0		

Used church or temple when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	153	14.6	19.7	19.7
	No	623	59.3	80.3	100.0
	Total	776	73.8	100.0	
Missing	Not apply	55	5.2		
	Refused	11	1.0		
	System Missing	209	19.9		
	Total	275	26.2		
Total		1051	100.0		

Used community center when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	56	5.3	7.4	7.4
	No	698	66.4	92.6	100.0
	Total	754	71.7	100.0	
Missing	Not apply	55	5.2		
	Refused	11	1.0		
	System Missing	231	22.0		
	Total	297	28.3		
Total		1051	100.0		

62) Of the people, places, and resources you said you used, which do you typically use first when you are not feeling well?

Most preferred person/place/resource

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Folk healer/curandero/medicine man	6	.6	.9	.9
	Psychic/spiritualist	9	.9	1.3	2.1
	Medical doctor	538	51.2	77.0	79.1
	Chiropractor	3	.3	.4	79.5
	Pharmacist (non-practitioner)	39	3.7	5.6	85.1
	Hospital emergency	9	.9	1.3	86.4
	Counselor	5	.5	.7	87.1
	Family/friend/neighbor	61	5.8	8.7	95.9
	Nurse/nurse-practitioner	6	.6	.9	96.7
	Church or temple	7	.7	1.0	97.7
	Community center	3	.3	.4	98.1
	Other	13	1.2	1.9	100.0
	Total	699	66.5	100.0	
Missing	Not apply	50	4.8		
	System Missing	302	28.7		
	Total	352	33.5		
Total		1051	100.0		

Section I: Health Care Coverage

63) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, Indian Health Service, government plans such as Medicaid/Medicare, CHAMPUS, (military insurance plan), or VA insurance?

Have some kind of health coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	524	49.9	52.5	52.5
	No	474	45.1	47.5	100.0
	Total	998	95.0	100.0	
Missing	Don't know/not sure	7	.7		
	Refused	3	.3		
	System Missing	43	4.1		
	Total	53	5.0		
Total		1051	100.0		

64) What type of health care coverage do you use to pay for most of your medical care?

Type of health coverage used to pay MOST medical bills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Your employer	400	38.1	73.7	73.7
	Someone else's employer	67	6.4	12.3	86.0
	A plan that you or someone else buys for you	4	.4	.7	86.7
	Medicare	15	1.4	2.8	89.5
	Medicaid or medical assistance	40	3.8	7.4	96.9
	Military, CHAMPUS, TriCare, or VA (or CHAMP-VA)	1	.1	.2	97.1
	Indian Health Service (or Alaska Native Health Service)	4	.4	.7	97.8
	Other	12	1.1	2.2	100.0
	Total	543	51.7	100.0	
Missing	Not apply	1	.1		
	Don't know/not sure	7	.7		
	Refused	3	.3		
	System Missing	497	47.3		
	Total	508	48.3		
Total		1051	100.0		

65) For hospital bills, does your health care plan cover all, most, some, or none of your expenses?

How much of HOSPITAL bills covered by health care plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100% (all)	78	7.4	15.9	15.9
	50% to 99% (more than half)	382	36.3	77.6	93.5
	1 to 49% (less than half)	26	2.5	5.3	98.8
	0% (none)	6	.6	1.2	100.0
	Total	492	46.8	100.0	
Missing	Not apply	22	2.1		
	Don't know/not sure	39	3.7		
	Refused	2	.2		
	System Missing	496	47.2		
	Total	559	53.2		
Total		1051	100.0		

66) For visits to a doctor's office when you are sick, does your health care plan cover all, most, some, or none of your expenses?

How much of DOCTOR'S OFFICE bills covered by health care plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100% (all)	75	7.1	15.3	15.3
	50% to 99% (more than half)	378	36.0	77.1	92.4
	1 to 49% (less than half)	31	2.9	6.3	98.8
	0% (none)	6	.6	1.2	100.0
	Total	490	46.6	100.0	
Missing	Not apply	30	2.9		
	Don't know/not sure	28	2.7		
	System Missing	503	47.9		
	Total	561	53.4		
Total		1051	100.0		

67) There are many reasons why someone might not have a health care plan, what is the primary reason you are without health care coverage?

Primary reason for having no health care coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lost job/changed employers	114	10.8	27.6	27.6
	Spouse or parent lost job/changed employers	17	1.6	4.1	31.7
	Became divorced/separated	9	.9	2.2	33.9
	Became ineligible because of age/because of leaving school	2	.2	.5	34.4
	Employer doesn't offer/stopped offering coverage	37	3.5	9.0	43.3
	Cut back to part time/became temporary employee	14	1.3	3.4	46.7
	Benefits from employer/former employer ran out	2	.2	.5	47.2
	Couldn't afford premiums	78	7.4	18.9	66.1
	Insurance company refused coverage	2	.2	.5	66.6
	Lost Medicaid/medical assistance eligibility	3	.3	.7	67.3
	Other	135	12.8	32.7	100.0
	Total	413	39.3	100.0	
Missing	Don't know/not sure	31	2.9		
	Refused	9	.9		
	System Missing	598	56.9		
	Total	638	60.7		
Total		1051	100.0		

68) Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

Needed to see doctor during past 12 months but could not because of cost

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	260	24.7	26.2	26.2
	No	733	69.7	73.8	100.0
	Total	993	94.5	100.0	
Missing	Don't know/not sure	4	.4		
	Refused	11	1.0		
	System Missing	43	4.1		
	Total	58	5.5		
Total		1051	100.0		

69) Is there a particular medical doctor that you usually see?

Usually sees a particular doctor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	392	37.3	42.2	42.2
	No	537	51.1	57.8	100.0
	Total	929	88.4	100.0	
Missing	Not apply/haven't been to a doctor	81	7.7		
	Don't know/not sure	6	.6		
	Refused	6	.6		
	System Missing	29	2.8		
	Total	122	11.6		
Total		1051	100.0		

70) When you see a medical doctor, do you go here in town?

Sees medical doctor "here in town"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	573	54.5	70.8	70.8
	No	236	22.5	29.2	100.0
	Total	809	77.0	100.0	
Missing	Not apply	100	9.5		
	Don't know/not sure	7	.7		
	Refused	12	1.1		
	System Missing	123	11.7		
	Total	242	23.0		
Total		1051	100.0		

71) Where do you usually go when you see a medical doctor?

Where one usually goes to see medical doctor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctor's office	478	45.5	61.2	61.2
	Hospital emergency room	24	2.3	3.1	64.3
	Health Department or other community clinic	229	21.8	29.3	93.6
	Health Maintenance Organization (HMOs)	3	.3	.4	94.0
	Company clinic	16	1.5	2.0	96.0
	Indian Health Service	1	.1	.1	96.2
	Other	30	2.9	3.8	100.0
	Total	781	74.3	100.0	
Missing	Haven't been to a doctor	99	9.4		
	Don't know/not sure	9	.9		
	Refused	23	2.2		
	System Missing	139	13.2		
	Total	270	25.7		
Total		1051	100.0		

Section J: Barriers to Health Care

72) Do you believe racial or ethnic origin is a barrier to receiving health care services in your community? Would you strongly agree with this, agree, disagree, or strongly disagree?

Racial/ethnic origin is a barrier to receiving health care in your community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	109	10.4	12.8	12.8
	Agree	298	28.4	35.1	47.9
	Disagree	393	37.4	46.2	94.1
	Strongly disagree	50	4.8	5.9	100.0
	Total	850	80.9	100.0	
Missing	Don't know/not sure	121	11.5		
	Refused	22	2.1		
	System Missing	58	5.5		
	Total	201	19.1		
Total		1051	100.0		

73) Have you experienced any of the following problems in getting quality health care in this community during the past year?

Experience in getting quality health care in this community during past 12 months: Costs too much, can't afford

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	390	37.1	46.6	46.6
	No	447	42.5	53.4	100.0
	Total	837	79.6	100.0	
Missing	Not apply	120	11.4		
	Refused	33	3.1		
	System Missing	61	5.8		
	Total	214	20.4		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Don't trust or like the doctors

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	322	30.6	38.6	38.6
	No	513	48.8	61.4	100.0
	Total	835	79.4	100.0	
Missing	Not apply	119	11.3		
	Refused	32	3.0		
	System Missing	65	6.2		
	Total	216	20.6		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Provider does not speak your language

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	391	37.2	45.8	45.8
	No	462	44.0	54.2	100.0
	Total	853	81.2	100.0	
Missing	Not apply	115	10.9		
	Refused	20	1.9		
	System Missing	63	6.0		
	Total	198	18.8		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Treated differently because of race/ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	153	14.6	18.1	18.1
	No	692	65.8	81.9	100.0
	Total	845	80.4	100.0	
Missing	Not apply	114	10.8		
	Refused	25	2.4		
	System Missing	67	6.4		
	Total	206	19.6		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Don't know where to go for help with medical problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	353	33.6	41.1	41.1
	No	506	48.1	58.9	100.0
	Total	859	81.7	100.0	
Missing	Not apply	110	10.5		
	Refused	21	2.0		
	System Missing	61	5.8		
	Total	192	18.3		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Don't have transportation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	427	40.6	49.1	49.1
	No	443	42.2	50.9	100.0
	Total	870	82.8	100.0	
Missing	Not apply	105	10.0		
	Refused	15	1.4		
	System Missing	61	5.8		
	Total	181	17.2		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Clinic or doctor's office hours not convenient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	308	29.3	36.9	36.9
	No	526	50.0	63.1	100.0
	Total	834	79.4	100.0	
Missing	Not apply	128	12.2		
	Refused	26	2.5		
	System Missing	63	6.0		
	Total	217	20.6		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Have to wait too long to be seen at doctor's office

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	308	29.3	36.6	36.6
	No	534	50.8	63.4	100.0
	Total	842	80.1	100.0	
Missing	Not apply	125	11.9		
	Refused	22	2.1		
	System Missing	62	5.9		
	Total	209	19.9		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Provider does not understand/accept your cultural practices/beliefs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	220	20.9	28.0	28.0
	No	567	53.9	72.0	100.0
	Total	787	74.9	100.0	
Missing	Not apply	158	15.0		
	Refused	42	4.0		
	System Missing	64	6.1		
	Total	264	25.1		
Total		1051	100.0		

Experience in getting quality health care in this community during past 12 months: Takes too long to get an appointment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	197	18.7	23.6	23.6
	No	637	60.6	76.4	100.0
	Total	834	79.4	100.0	
Missing	Not apply	135	12.8		
	Refused	18	1.7		
	System Missing	64	6.1		
	Total	217	20.6		
Total		1051	100.0		

Section K: Community Concerns

74) What do you see as critical problems in this community? I want you to rate them on a scale from one to five where one is not important and five is critical.

Ratings of community concerns (1=not important to 5=critical): Housing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	323	30.7	35.1	35.1
	2	49	4.7	5.3	40.4
	3	134	12.7	14.6	55.0
	4	102	9.7	11.1	66.1
	5	312	29.7	33.9	100.0
	Total	920	87.5	100.0	
Missing	Don't know	63	6.0		
	Refused	15	1.4		
	System Missing	53	5.0		
	Total	131	12.5		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Health (including environmental health)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	350	33.3	38.7	38.7
	2	129	12.3	14.3	53.0
	3	181	17.2	20.0	73.0
	4	87	8.3	9.6	82.6
	5	157	14.9	17.4	100.0
	Total	904	86.0	100.0	
Missing	Don't know	70	6.7		
	Refused	20	1.9		
	System Missing	57	5.4		
	Total	147	14.0		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Social/recreational activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	345	32.8	38.2	38.2
	2	99	9.4	11.0	49.2
	3	184	17.5	20.4	69.6
	4	113	10.8	12.5	82.2
	5	161	15.3	17.8	100.0
	Total	902	85.8	100.0	
Missing	Don't know	75	7.1		
	Refused	18	1.7		
	System Missing	56	5.3		
	Total	149	14.2		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	342	32.5	39.0	39.0
	2	76	7.2	8.7	47.7
	3	135	12.8	15.4	63.1
	4	73	6.9	8.3	71.5
	5	250	23.8	28.5	100.0
	Total	876	83.3	100.0	
Missing	Don't know	98	9.3		
	Refused	18	1.7		
	System Missing	59	5.6		
	Total	175	16.7		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Discrimination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	297	28.3	32.5	32.5
	2	76	7.2	8.3	40.8
	3	152	14.5	16.6	57.4
	4	141	13.4	15.4	72.8
	5	249	23.7	27.2	100.0
	Total	915	87.1	100.0	
Missing	Don't know	71	6.8		
	Refused	15	1.4		
	System Missing	50	4.8		
	Total	136	12.9		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	312	29.7	34.1	34.1
	2	67	6.4	7.3	41.5
	3	114	10.8	12.5	53.9
	4	120	11.4	13.1	67.1
	5	301	28.6	32.9	100.0
	Total	914	87.0	100.0	
Missing	Don't know	61	5.8		
	Refused	19	1.8		
	System Missing	57	5.4		
	Total	137	13.0		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Crime/violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	356	33.9	39.9	39.9
	2.0	125	11.9	14.0	53.9
	3.0	153	14.6	17.2	71.1
	4.0	99	9.4	11.1	82.2
	5.0	159	15.1	17.8	100.0
	Total	892	84.9	100.0	
Missing	Don't know	82	7.8		
	Refused	17	1.6		
	System Missing	60	5.7		
	Total	159	15.1		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Minority representation in government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	215	20.5	33.8	33.8
	2.0	62	5.9	9.7	43.6
	3.0	97	9.2	15.3	58.8
	4.0	91	8.7	14.3	73.1
	5.0	171	16.3	26.9	100.0
	Total	636	60.5	100.0	
Missing	Don't know	328	31.2		
	Refused	28	2.7		
	System Missing	59	5.6		
	Total	415	39.5		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): Transportation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	300	28.5	33.6	33.6
	2.0	50	4.8	5.6	39.2
	3.0	92	8.8	10.3	49.5
	4.0	94	8.9	10.5	60.0
	5.0	357	34.0	40.0	100.0
	Total	893	85.0	100.0	
Missing	Don't know	78	7.4		
	Refused	21	2.0		
	System Missing	59	5.6		
	Total	158	15.0		
Total		1051	100.0		

Ratings of community concerns (1=not important to 5=critical): At risk youth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	239	22.7	28.3	28.3
	2.0	72	6.9	8.5	36.8
	3.0	146	13.9	17.3	54.1
	4.0	120	11.4	14.2	68.4
	5.0	267	25.4	31.6	100.0
	Total	844	80.3	100.0	
Missing	Don't know	102	9.7		
	Refused	24	2.3		
	System Missing	81	7.7		
	Total	207	19.7		
Total		1051	100.0		

75) Now I am going to ask you to identify the top three critical problems in your community.

First listed community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	87	8.3	12.6	12.6
	Concerns with health and health care	34	3.2	4.9	17.6
	Problems with langauge	63	6.0	9.1	26.7
	Education issues	52	4.9	7.5	34.3
	Crime/violence/drugs/at risk youth	85	8.1	12.3	46.6
	Discrimination/racism	97	9.2	14.1	60.7
	Recreation facilities and time	33	3.1	4.8	65.5
	Employment	85	8.1	12.3	77.8
	Housing	85	8.1	12.3	90.1
	Problems with the police	17	1.6	2.5	92.6
	Child care needs	3	.3	.4	93.0
	Financial concerns	17	1.6	2.5	95.5
	Concerns with environment/sanitation/streets	28	2.7	4.1	99.6
	Minority representation in governance	3	.3	.4	100.0
	Total	689	65.6	100.0	
Missing	System Missing	362	34.4		
	Total	362	34.4		
Total		1051	100.0		

Second listed community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	68	6.5	12.9	12.9
	Concerns with health and health care	45	4.3	8.6	21.5
	Problems with language	38	3.6	7.2	28.7
	Education issues	42	4.0	8.0	36.7
	Crime/violence/drugs/at risk youth	54	5.1	10.3	47.0
	Discrimination/racism	61	5.8	11.6	58.6
	Recreation facilities and time	28	2.7	5.3	63.9
	Employment	100	9.5	19.0	82.9
	Housing	29	2.8	5.5	88.4
	Problems with the police	16	1.5	3.0	91.4
	Child care needs	3	.3	.6	92.0
	Financial concerns	8	.8	1.5	93.5
	Concerns with environment/sanitation/streets	21	2.0	4.0	97.5
	Minority representation in governance	6	.6	1.1	98.7
	Culture conflict	7	.7	1.3	100.0
	Total	526	50.0	100.0	
Missing	System Missing	525	50.0		
	Total	525	50.0		
Total		1051	100.0		

Third listed community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	72	6.9	21.7	21.7
	Concerns with health and health care	25	2.4	7.5	29.2
	Problems with language	24	2.3	7.2	36.4
	Education issues	29	2.8	8.7	45.2
	Crime/violence/drugs/at risk youth	44	4.2	13.3	58.4
	Discrimination/racism	19	1.8	5.7	64.2
	Recreation facilities and time	15	1.4	4.5	68.7
	Employment	42	4.0	12.7	81.3
	Housing	24	2.3	7.2	88.6
	Problems with the police	9	.9	2.7	91.3
	Child care needs	2	.2	.6	91.9
	Financial concerns	5	.5	1.5	93.4
	Concerns with environment/sanitation/streets	12	1.1	3.6	97.0
	Minority representation in governance	6	.6	1.8	98.8
	Culture conflict	4	.4	1.2	100.0
	Total	332	31.6	100.0	
Missing	System Missing	719	68.4		
	Total	719	68.4		
Total		1051	100.0		

76) How about the top three critical problems affecting you?

First critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	45	4.3	11.1	11.1
	Concerns with health and health care	41	3.9	10.1	21.2
	Problems with language	55	5.2	13.6	34.8
	Education issues	33	3.1	8.1	43.0
	Crime/violence/drugs/at risk youth	22	2.1	5.4	48.4
	Discrimination/racism	35	3.3	8.6	57.0
	Recreation facilities and time	7	.7	1.7	58.8
	Employment	69	6.6	17.0	75.8
	Housing	62	5.9	15.3	91.1
	Problems with the police	4	.4	1.0	92.1
	Child care needs	2	.2	.5	92.6
	Financial concerns	19	1.8	4.7	97.3
	Concerns with environment/sanitation/streets	7	.7	1.7	99.0
	Minority representation in governance	2	.2	.5	99.5
	Culture conflict	2	.2	.5	100.0
	Total	405	38.5	100.0	
Missing	System Missing	646	61.5		
	Total	646	61.5		
Total		1051	100.0		

Second critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	50	4.8	16.6	16.6
	Concerns with health and health care	18	1.7	6.0	22.6
	Problems with language	26	2.5	8.6	31.2
	Education issues	28	2.7	9.3	40.5
	Crime/violence/drugs/at risk youth	17	1.6	5.6	46.2
	Discrimination/racism	22	2.1	7.3	53.5
	Recreation facilities and time	9	.9	3.0	56.5
	Employment	66	6.3	21.9	78.4
	Housing	32	3.0	10.6	89.0
	Problems with the police	4	.4	1.3	90.4
	Child care needs	4	.4	1.3	91.7
	Financial concerns	19	1.8	6.3	98.0
	Concerns with environment/sanitation/streets	5	.5	1.7	99.7
	Culture conflict	1	.1	.3	100.0
	Total	301	28.6	100.0	
Missing	System Missing	750	71.4		
	Total	750	71.4		
Total		1051	100.0		

Third critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	49	4.7	21.9	21.9
	Concerns with health and health care	9	.9	4.0	25.9
	Problems with language	12	1.1	5.4	31.3
	Education issues	16	1.5	7.1	38.4
	Crime/violence/drugs/at risk youth	18	1.7	8.0	46.4
	Discrimination/racism	14	1.3	6.3	52.7
	Recreation facilities and time	5	.5	2.2	54.9
	Employment	27	2.6	12.1	67.0
	Housing	21	2.0	9.4	76.3
	Problems with the police	5	.5	2.2	78.6
	Child care needs	1	.1	.4	79.0
	Financial concerns	8	.8	3.6	82.6
	Concerns with environment/sanitation/streets	37	3.5	16.5	99.1
	Minority representation in governance	1	.1	.4	99.6
	Culture conflict	1	.1	.4	100.0
	Total	224	21.3	100.0	
Missing	System Missing	827	78.7		
	Total	827	78.7		
Total		1051	100.0		

Section L: Demographics

77) Sex of the respondent?

Sex of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	427	40.6	43.6	43.6
	Female	553	52.6	56.4	100.0
	Total	980	93.2	100.0	
Missing	System Missing	71	6.8		
	Total	71	6.8		
Total		1051	100.0		

78) What is your current age?

Current age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 through 24	194	18.5	23.8	23.8
	25 through 34	312	29.7	38.3	62.1
	35 through 44	213	20.3	26.1	88.2
	45 through 54	57	5.4	7.0	95.2
	55 through 64	30	2.9	3.7	98.9
	65 and older	9	.9	1.1	100.0
	Total	815	77.5	100.0	
Missing	System Missing	236	22.5		
	Total	236	22.5		
Total		1051	100.0		

79) What is the total number of years you have lived in the United States?

Total number of years in US

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zero to five years	503	47.9	50.9	50.9
	Six to ten years	207	19.7	20.9	71.8
	Eleven to twenty years	201	19.1	20.3	92.1
	21 or more years	78	7.4	7.9	100.0
	Total	989	94.1	100.0	
Missing	System Missing	62	5.9		
	Total	62	5.9		
Total		1051	100.0		

80) Do you consider yourself of Hispanic/Latino origin such as Mexican American, Central American, South American, Puerto Rican, or Cuban?

Consider self to be Hispanic/Latino origin, Central American, South American, Puerto Rican, or Cuban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	891	84.8	92.0	92.0
	No	78	7.4	8.0	100.0
	Total	969	92.2	100.0	
Missing	Refused	5	.5		
	System Missing	77	7.3		
	Total	82	7.8		
Total		1051	100.0		

81) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mexican descent	768	73.1	84.4	84.4
	Cuban descent	7	.7	.8	85.2
	Puerto Rican descent	14	1.3	1.5	86.7
	Salvadorian	48	4.6	5.3	92.0
	Guatemalan	35	3.3	3.8	95.8
	Other	38	3.6	4.2	100.0
	Total	910	86.6	100.0	
Missing	Not apply	6	.6		
	Refused	3	.3		
	System Missing	132	12.6		
	Total	141	13.4		
Total		1051	100.0		

82) What race do you consider yourself?

Consider self to be of this race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	526	50.0	61.7	61.7
	Black	6	.6	.7	62.4
	Asian, Pacific Islander	102	9.7	12.0	74.4
	Native American	19	1.8	2.2	76.6
	Other	148	14.1	17.4	94.0
	Multicultural	51	4.9	6.0	100.0
	Total	852	81.1	100.0	
Missing	Don't know/not sure	58	5.5		
	Refused	35	3.3		
	Sytem missing	1	.1		
	System Missing	105	10.0		
	Total	199	18.9		
Total		1051	100.0		

83) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Vietnamese descent	75	7.1	54.7	54.7
	Chinese descent	1	.1	.7	55.5
	Korean descent	2	.2	1.5	56.9
	Laotian	21	2.0	15.3	72.3
	Cambodian	2	.2	1.5	73.7
	Other	36	3.4	26.3	100.0
	Total	137	13.0	100.0	
Missing	Refused	4	.4		
	Not apply	32	3.0		
	System Missing	878	83.5		
	Total	914	87.0		
Total		1051	100.0		

84) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Omaha nation	3	.3	7.9	7.9
	Other	35	3.3	92.1	100.0
	Total	38	3.6	100.0	
Missing	Not apply	7	.7		
	Refused	35	3.3		
	System Missing	971	92.4		
	Total	1013	96.4		
Total		1051	100.0		

85) What is the highest grade or year of school you have completed?

Highest grade or year of school completed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8th grade or less	419	39.9	45.7	45.7
	Some high school	299	28.4	32.6	78.4
	High school graduate or GED certificate	132	12.6	14.4	92.8
	Some technical school or college	35	3.3	3.8	96.6
	Technical school graduate	10	1.0	1.1	97.7
	College graduate	14	1.3	1.5	99.2
	Postgraduate or professional degree	7	.7	.8	100.0
	Total	916	87.2	100.0	
Missing	Don't know/not sure	3	.3		
	Refused	21	2.0		
	System Missing	111	10.6		
	Total	135	12.8		
Total		1051	100.0		

Actual grade attained if 8th grade or less

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	33	3.1	8.4	8.4
	2	26	2.5	6.6	14.9
	3	23	2.2	5.8	20.8
	4	29	2.8	7.3	28.1
	5	45	4.3	11.4	39.5
	6	164	15.6	41.5	81.0
	7	47	4.5	11.9	92.9
	8	28	2.7	7.1	100.0
	Total	395	37.6	100.0	
Missing	System Missing	656	62.4		
	Total	656	62.4		
Total		1051	100.0		

86) Are you currently employed for wages, salary or self-employed?

Currently employed for wages, salary, or self-employed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	553	52.6	59.4	59.4
	No	378	36.0	40.6	100.0
	Total	931	88.6	100.0	
Missing	Refused	8	.8		
	System Missing	112	10.7		
	Total	120	11.4		
Total		1051	100.0		

87) Are you currently a:

Currently considers self to be this

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Homemaker	242	23.0	66.5	66.5
	Student	28	2.7	7.7	74.2
	Retired	9	.9	2.5	76.6
	Unable to work	85	8.1	23.4	100.0
	Total	364	34.6	100.0	
Missing	Not apply	81	7.7		
	Refused	13	1.2		
	System Missing	593	56.4		
	Total	687	65.4		
Total		1051	100.0		

88) Are you actively seeking employment?

Currently seeking employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	14.3	38.6	38.6
	No	239	22.7	61.4	100.0
	Total	389	37.0	100.0	
Missing	Not apply	17	1.6		
	Refused	2	.2		
	System Missing	643	61.2		
	Total	662	63.0		
Total		1051	100.0		

89) How long have you been out of work?

Has been out of work for this long

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	30	2.9	13.4	13.4
	1-3 months	54	5.1	24.1	37.5
	4-6 months	36	3.4	16.1	53.6
	7 months to 1 year	36	3.4	16.1	69.6
	More than 1 year	68	6.5	30.4	100.0
	Total	224	21.3	100.0	
Missing	Not apply	91	8.7		
	Don't know/not sure	5	.5		
	Refused	4	.4		
	System Missing	727	69.2		
	Total	827	78.7		
Total		1051	100.0		

90) Which of the following categories best describes your marital status?

Best description of marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	555	52.8	56.0	56.0
	Divorced	39	3.7	3.9	59.9
	Widowed	16	1.5	1.6	61.6
	Separated	65	6.2	6.6	68.1
	Never been married	218	20.7	22.0	90.1
	Member of an unmarried couple	98	9.3	9.9	100.0
	Total	991	94.3	100.0	
Missing	Refused	10	1.0		
	System Missing	50	4.8		
	Total	60	5.7		
Total		1051	100.0		

91) Which of the following categories best describes your average annual household income from all sources before taxes?

Average annual household income from all sources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $10,000	242	23.0	29.3	29.3
	$10,000-$14,999	135	12.8	16.3	45.6
	$15,000-19,999	156	14.8	18.9	64.4
	$20,000-$24,999	118	11.2	14.3	78.7
	$25,000-$29,999	98	9.3	11.9	90.6
	$30,000-$34,999	41	3.9	5.0	95.5
	$35,000-39,999	15	1.4	1.8	97.3
	$40,000-$44,999	7	.7	.8	98.2
	$45,000-$49,999	6	.6	.7	98.9
	$50,000-$54,999	4	.4	.5	99.4
	$55,000-$59,999	4	.4	.5	99.9
	Over $60,000	1	.1	.1	100.0
	Total	827	78.7	100.0	
Missing	Don't know/not sure	119	11.3		
	Refused	40	3.8		
	System Missing	65	6.2		
	Total	224	21.3		
Total		1051	100.0		

92) About how much do you normally weigh without shoes?

Weight without shoes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	70 to 130 pounds	192	18.3	20.9	20.9
	131 to 150 pounds	244	23.2	26.5	47.4
	151 to 180 pounds	310	29.5	33.7	81.1
	181 or more pounds	174	16.6	18.9	100.0
	Total	920	87.5	100.0	
Missing	System Missing	131	12.5		
	Total	131	12.5		
Total		1051	100.0		

93) About how tall are you without shoes?

Height without shoes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	40 to 60 inches	104	9.9	12.5	12.5
	61 to 70 inches	680	64.7	81.6	94.1
	71 or more inches	49	4.7	5.9	100.0
	Total	833	79.3	100.0	
Missing	System Missing	218	20.7		
	Total	218	20.7		
Total		1051	100.0		

94) What language do you prefer to communicate in when discussing issues of:

Preferred language when discussing school issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	234	73.1	80.4	80.4
	Spanish	29	9.1	10.0	90.4
	English/spanish	28	8.8	9.6	100.0
	Total	291	90.9	100.0	
Missing	System missing	29	9.1		
	Total	29	9.1		
Total		320	100.0		

Preferred language when discussing work issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	239	74.7	81.8	81.8
	Spanish	27	8.4	9.2	91.1
	English/spanish	26	8.1	8.9	100.0
	Total	292	91.3	100.0	
Missing	System missing	28	8.8		
	Total	28	8.8		
Total		320	100.0		

95) Location of respondent:

Location of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Louisa County	38	3.6	4.4	4.4
	Ottumwa	49	4.7	5.6	10.0
	Perry	123	11.7	14.1	24.1
	Sioux City	341	32.4	39.2	63.3
	Council Bluffs	141	13.4	16.2	79.5
	Hampton	30	2.9	3.4	83.0
	Denison	62	5.9	7.1	90.1
	Storm Lake	58	5.5	6.7	96.8
	Lenox	28	2.7	3.2	100.0
	Total	870	82.8	100.0	
Missing	System Missing	181	17.2		
	Total	181	17.2		
Total		1051	100.0		

Section M: Employee Rights

96) Have you ever experienced the following in your workplace in Iowa?

Experienced this in workplace in Iowa: Not enough bathroom or water breaks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	225	21.4	30.9	30.9
	No	502	47.8	69.1	100.0
	Total	727	69.2	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	7	.7		
	Refused	12	1.1		
	System Missing	154	14.7		
	Total	324	30.8		
Total		1051	100.0		

Experienced this in workplace in Iowa: No easy access to drinking water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	149	14.2	20.4	20.4
	No	580	55.2	79.6	100.0
	Total	729	69.4	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	5	.5		
	Refused	12	1.1		
	System Missing	154	14.7		
	Total	322	30.6		
Total		1051	100.0		

Experienced this in workplace in Iowa: Poor air quality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	123	11.7	16.9	16.9
	No	605	57.6	83.1	100.0
	Total	728	69.3	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	4	.4		
	Refused	12	1.1		
	System Missing	156	14.8		
	Total	323	30.7		
Total		1051	100.0		

Experienced this in workplace in Iowa: Inadequate equipment available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	95	9.0	13.2	13.2
	No	626	59.6	86.8	100.0
	Total	721	68.6	100.0	
Missing	Not apply	150	14.3		
	Don't know/not sure	6	.6		
	Refused	13	1.2		
	System Missing	161	15.3		
	Total	330	31.4		
Total		1051	100.0		

Experienced this in workplace in Iowa: Inadequate medical attention if injured

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	132	12.6	18.2	18.2
	No	594	56.5	81.8	100.0
	Total	726	69.1	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	9	.9		
	Refused	14	1.3		
	System Missing	151	14.4		
	Total	325	30.9		
Total		1051	100.0		

Experienced this in workplace in Iowa: Physical abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	6.4	9.2	9.2
	No	665	63.3	90.8	100.0
	Total	732	69.6	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	5	.5		
	Refused	12	1.1		
	System Missing	151	14.4		
	Total	319	30.4		
Total		1051	100.0		

Experienced this in workplace in Iowa: Inadequate training or supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	204	19.4	27.9	27.9
	No	526	50.0	72.1	100.0
	Total	730	69.5	100.0	
Missing	Not apply	153	14.6		
	Don't know/not sure	5	.5		
	Refused	12	1.1		
	System Missing	151	14.4		
	Total	321	30.5		
Total		1051	100.0		

Experienced this in workplace in Iowa: Verbal abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	12.7	18.3	18.3
	No	594	56.5	81.7	100.0
	Total	727	69.2	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	4	.4		
	Refused	12	1.1		
	System Missing	157	14.9		
	Total	324	30.8		
Total		1051	100.0		

Experienced this in workplace in Iowa: Asked to take unnecessary risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	7.2	10.5	10.5
	No	650	61.8	89.5	100.0
	Total	726	69.1	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	3	.3		
	Refused	13	1.2		
	System Missing	158	15.0		
	Total	325	30.9		
Total		1051	100.0		

Experienced this in workplace in Iowa: Have been cheated in pay

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	77	7.3	10.7	10.7
	No	646	61.5	89.3	100.0
	Total	723	68.8	100.0	
Missing	Not apply	151	14.4		
	Don't know/not sure	4	.4		
	Refused	12	1.1		
	System Missing	161	15.3		
	Total	328	31.2		
Total		1051	100.0		

97) What type of work did you do when these things occurred? Check all that apply.

Type of work engaged in when "abuse" was experienced: Professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	.9	1.5	1.5
	No	582	55.4	98.5	100.0
	Total	591	56.2	100.0	
Missing	Not apply	21	2.0		
	System Missing	439	41.8		
	Total	460	43.8		
Total		1051	100.0		

Type of work engaged in when "abuse" was experienced: Construction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	4.2	7.3	7.3
	No	557	53.0	92.7	100.0
	Total	601	57.2	100.0	
Missing	Not apply	21	2.0		
	System Missing	429	40.8		
	Total	450	42.8		
Total		1051	100.0		

Type of work engaged in when "abuse" was experienced: Meat packing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	371	35.3	58.6	58.6
	No	262	24.9	41.4	100.0
	Total	633	60.2	100.0	
Missing	Not apply	21	2.0		
	System Missing	397	37.8		
	Total	418	39.8		
Total		1051	100.0		

Type of work engaged in when "abuse" was experienced: Factory

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	106	10.1	17.3	17.3
	No	506	48.1	82.7	100.0
	Total	612	58.2	100.0	
Missing	Not apply	21	2.0		
	System Missing	418	39.8		
	Total	439	41.8		
Total		1051	100.0		

Type of work engaged in when "abuse" was experienced: Agricultural

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	2.5	4.4	4.4
	No	567	53.9	95.6	100.0
	Total	593	56.4	100.0	
Missing	Not apply	21	2.0		
	System Missing	437	41.6		
	Total	458	43.6		
Total		1051	100.0		

98) Have you ever had any of the following conditions due to a job in Iowa?

Ever experienced this condition due to a job in Iowa: Muscle sprains or strains

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	109	10.4	32.6	32.6
	No	225	21.4	67.4	100.0
	Total	334	31.8	100.0	
Missing	Not apply	30	2.9		
	System Missing	687	65.4		
	Total	717	68.2		
Total		1051	100.0		

Ever experienced this condition due to a job in Iowa: Broken bone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.1	6.7	6.7
	No	306	29.1	93.3	100.0
	Total	328	31.2	100.0	
Missing	Not apply	30	2.9		
	System Missing	693	65.9		
	Total	723	68.8		
Total		1051	100.0		

Ever experienced this condition due to a job in Iowa: Burns on skin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	2.4	7.7	7.7
	No	300	28.5	92.3	100.0
	Total	325	30.9	100.0	
Missing	Not apply	30	2.9		
	System Missing	696	66.2		
	Total	726	69.1		
Total		1051	100.0		

Ever experienced this condition due to a job in Iowa: Eye injury

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	2.7	8.6	8.6
	No	296	28.2	91.4	100.0
	Total	324	30.8	100.0	
Missing	Not apply	30	2.9		
	DK/NA	1	.1		
	System Missing	696	66.2		
	Total	727	69.2		
Total		1051	100.0		

Ever experienced this condition due to a job in Iowa: Back pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	165	15.7	46.9	46.9
	No	187	17.8	53.1	100.0
	Total	352	33.5	100.0	
Missing	Not apply	30	2.9		
	System Missing	669	63.7		
	Total	699	66.5		
Total		1051	100.0		

Ever experienced this condition due to a job in Iowa: Cuts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	6.5	20.7	20.7
	No	260	24.7	79.3	100.0
	Total	328	31.2	100.0	
Missing	Not apply	30	2.9		
	System Missing	693	65.9		
	Total	723	68.8		
Total		1051	100.0		

99) How often do you regularly visit people or travel outside of Iowa?

- Yes (41)
- Often (4)
- Five times a week (15)
- Every week (9)
- Every weekend (2)
- Every other weekend
- Every two weeks (2)
- One to two times per month (4)
- Once a month (27)
- Every five to six weeks
- Every two months
- Every nine weeks
- Every three months (2)
- Two times in six months
- Six times a year
- Five times per year
- Three times a year (7)
- Every five months (5)

- Twice a year (25)
- Every seven months
- Every eight months (2)
- Every summer
- Once a year (104)
- Every two years (17)
- Every three years (5)
- Once in four years
- Every five years
- Every six years
- Ten to twelve times since arriving in Iowa
- Not often (22)
- Never (247)

100) Where do you usually go when you travel outside of Iowa?

- Alabama, Mexico
- All over the country
- Arizona
- Arizona, Mexico, Minnesota, Missouri
- Around to local towns
- California (28)
- California, El Salvador
- California, Guatemala (8)
- California, Illinois (2)
- California, Massachusetts
- California, Mexico (16)
- California, Minnesota, South Dakota
- California, Nebraska
- California, New York
- Canada, Mexico
- Canada, Mexico, Nebraska
- Colorado, Illinois, Ohio
- Colorado, Mexico (4)
- Colorado, Mexico, Texas
- Colorado, Minnesota, Texas
- Colorado, Ohio
- El Salvador (6)
- El Salvador, Illinois (2)
- El Salvador, Texas (2)
- Florida
- Florida, Georgia, Kansas, Minnesota, Nebraska, South Dakota

- Florida, Mexico (3)
- Florida, Puerto Rico
- Georgia (2)
- Georgia, Mexico
- Guatemala (6)
- Guatemala, Texas
- Honduras
- Kansas (2)
- Kansas, Illinois, Mexico, Nebraska
- Kansas, Illinois, Texas
- Kansas, Mexico, Texas
- Kansas, Nebraska (2)
- Kentucky, Mexico, Minnesota, Pennsylvania, Texas
- Kentucky, Texas (2)
- Illinois (30)
- Illinois, Iowa, Laos, Texas
- Illinois, Mexico (16)
- Illinois, Mexico, Texas
- Illinois, Minnesota, Texas, Wisconsin
- Illinois, Texas (3)
- Illinois, Wisconsin (2)
- Iowa, Kansas, Texas
- Iowa, Mexico
- Iowa, Nebraska
- Iowa, Ohio (2)
- Iowa, Pennsylvania
- Many states in the USA
- Mexico (111)
- Mexico, Minnesota
- Mexico, Mississippi
- Mexico, Nebraska (9)
- Mexico, New Mexico
- Mexico, North Carolina
- Mexico, South Dakota (2)
- Mexico, Texas (11)
- Mexico, Washington
- Mexico, Wisconsin
- Michigan (2)
- Minnesota (8)
- Minnesota, Mexico
- Minnesota, Nebraska

- Minnesota, South Dakota
- Missouri (3)
- Nebraska (77)
- Nebraska, South Dakota (2)
- Need a green card first
- Never travel outside Iowa (22)
- New York (3)
- Nicaragua
- North Carolina
- Not applicable
- Oklahoma
- Other countries (2)
- Other states
- Other countries and states
- Peru
- Puerto Rico
- South Dakota (6)
- Texas (34)
- Utah
- Venezuela
- Vietnam

101) What is the purpose of this travel? Mark all that apply.

Purpose of travel: Tourism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	7.9	17.5	17.5
	No	390	37.1	82.5	100.0
	Total	473	45.0	100.0	
Missing	System Missing	578	55.0		
	Total	578	55.0		
Total		1051	100.0		

Purpose of travel: Visit friends or family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	427	40.6	83.4	83.4
	No	85	8.1	16.6	100.0
	Total	512	48.7	100.0	
Missing	System Missing	539	51.3		
	Total	539	51.3		
Total		1051	100.0		

Purpose of travel: Work at other jobs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	3.4	7.8	7.8
	No	425	40.4	92.2	100.0
	Total	461	43.9	100.0	
Missing	System Missing	590	56.1		
	Total	590	56.1		
Total		1051	100.0		

Map of Communities

Map 3. Communities in Which Interviews Were Conducted